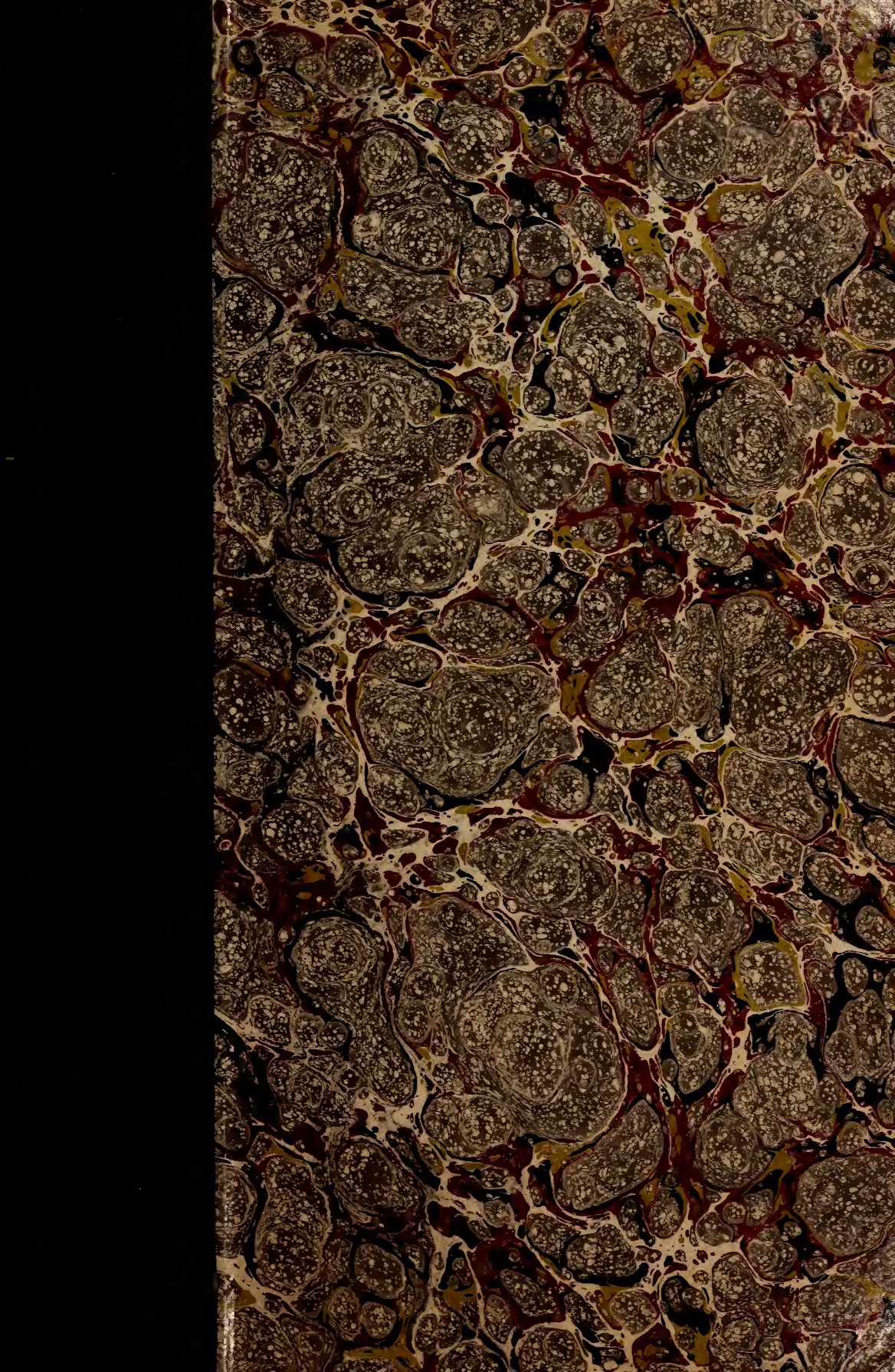




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Presented by
The Editor.

The Eclectic Review

George W. Boskowitz, H. M., M. D., Editor

John W. fyfe, M. D., Associate Editor

Assisted by the faculty of the Eclectic Medical College
of the City of New York

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CONTRIBUTORS

Adlerman, Louis, M. D.
Adlerman, Theodore D., A. M., M. D.
Alperin, David, M. D.

Bailey, Harold C., M. D.
Birkenhauer, John, M. D.
Blackwood, A. L., B. S., M. D.
Blaustein, A. J., M. D.
Boskowitz, G. W., M. D.
Bramwell, William, M. A., M. D.

Cole, A. L., M. D.
Cook, E. S., M. D.
Cooper, E. S., M. D.

Deweese, N. M., M. D.

Erwin, C. B. M., M. D.
Edson, C. C., M. D.
Ellingwood, Finley, M. D.

Fifield, Harry L., M. D.
Fyfe, John W., M. D.

Gombar, A. L., M. D.

Halbert, H. V., M. D.
Hardy, S. A., M. D.
Harris, H., M. D.
Heeve, W. L., M. D.
Herzog, A. W., M. D.
Holmberg, G. E., M. D.
Hueckner, John, M. D.
Hyde, O. A., M. D.

Jelks, John L., M. D.

King, Earl H., M. D.
Kitdren, G. H., M. D.

Lanzer, Lewis, M. D.
Liebstein, A. M., M. D.
Linn, W. L., M. D.

Lloyd, Charles, M. D.
Lloyd, J. Uri, Phar. D.
Lohmann, H. J., Phar. D.
Lyon, William, M. D.

MacDermott, M. B., M. D.
MacDonald, J., Jr., M. D.
McKinstry, F. P., M. D.
Marlowe, P., M. D.
Meyer, Max, M. D.

Nilsson, P., M. D.

Pealstein, M. B., M. D.

Robinson, Beverly, M. D.

Salter, G. W., M. D.
Sanders, Hugh L., M. D.
Schaefer, G. W., M. D.
Schlauch, Theo. S., Phar. D.
Shapiro, N., M. D.
Sibley, J Thornton, M. D.
Sillo, Valdemar, M. D.
Sinclair, F. P., M. D.
Smith, Arthur Weir, A. M., M. D.
Stephens, A. F., M. D.
Stephenson, A., M. D.

Thomas, R. L., M. D.
Thompson, G. W., M. D.

Von Unruh, Victor, M. D.

Watkins, Robert L., M. D.
Webb, W. H., M. D.
Webster, H. T., M. D.
Wile, Ira S., M. D.
Wildman, Elias, M. D.
Woodward, C., M. D.
Woolsey, P. J., M. D.
Worthington, W. L., M. D.

Young, G. Curson, M. D.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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No. I.

Greeting.

THE REVIEW extends greetings and good wishes to its friends and readers. We have tried to give you a good, readable, practical monthly, with a goodly number of short, helpful articles in each issue.

That this is appreciated by many, our increased subscription list shows, and for the kind and prompt remittances we extend our thanks.

This year we shall continue to serve you along the same lines, short articles by experienced eclectic authors on practical subjects, Eclectic Society reports, practical therapeutic notes by Fyfe and a continuance of his interesting editorials under the title "Hints and Winnings."

Dr. Adlerman's monthly contribution, "Items from the Field of Neurology," will be continued. We shall also present this year a series of philosophic articles on medicine by Prof. Max Meyer, so that we feel that Volume XV will surpass in interest its predecessor. And so, dear reader, if you are not among those who have already sent in their subscription, do it now.

Hints and Winnings.

If it is the province of law, as is generally conceded, to prevent crime, why should persons be permitted to dupe human beings unto death by means of demonstratable fantasy? Is not such action criminal, whether or not so intended? What could be more fantastical than the senseless chanting over the sick, laying on of hands, and allied idiotic superstitions, continued until a human life, which might have been saved by legitimate treatment, has been sacrificed by bigots who deal with the lives of their fellow beings as children sport with toys? It is supposed that we, as a nation, have grown out of the reprehensible systems of ancient sorcery and necromancy. If such supposition is justified by the facts involved, it surely must be the duty of the State to take proceedings to have nuisances liable to cause irreparable injury abated; to take cognizance of the interests of health and life among the citizens of the community at large. Hence is the advantage of medical legislation made evident.

Every man should have as free scope to earn a livelihood, or widen the field of knowledge, as is consistent with the common wel-

fare, but the common welfare—health, happiness and prosperity—could not exist normally without suitable legislative restrictions. While it would be, as decided by Judge Purrington, manifestly undesirable and unlawful for a statute to ordain that any system of therapeutics should be followed exclusively, since this would stifle experiment and progress, nevertheless it is reasonably certain that by requiring of all who begin the practice of medicine, a fair acquaintance with the human system and the present condition of medical knowledge, the law protects the public in some degree against the imposture and ignorance of those who pretend to substitute mysterious “gifts” and “faiths” for skill and learning. No universal privilege to practice medicine has ever failed to breed a pest of quackery. Still history warns us against a too rigorous enforcement of the letter of license laws, which could but eventuate in counter reaction.

The preceding facts make it evident that we should appreciate the practical value of medical laws, and we should acknowledge their existence as being an absolute necessity to the well-being of our great commonwealth. But what motive should inspire such legislative enactments? Upon what principle should medical license laws be based? Justice demands that no medical license law should be inconsistent with our republican institutions. Like all other laws, it should be generous, equable and just. This is supposed to be the view of governmental theories obtaining throughout the United States. Hence any statute looking to the interests of physicians only, or favoring one school of physicians to the detriment of other schools, would be at variance with the Constitution, as has been well pointed out by the Supreme Court of New Hampshire in the cases of the State vs. Pennoyer and the State vs. Hinman. Medical license laws are defensible solely on the ground that they are a fair exercise of the police power to protect the public health. The constitutionality of the medical license law, even in the States applying the principle to the extent of making a criminal offense of unlicensed practice of medicine, has been tested and affirmed by the Supreme Court of the United States, and in the face of this confirmatory decision there is no longer ground for the contention that such enactments amount to “a taking of property without due process of law.” Nor can it be urged in the face of Supreme Court decisions to the contrary, that “the exemption of persons in practice prior to the date of the law from the examination required of persons thereafter beginning to practice, creates a privileged class.”

In preparing the foregoing article free use has been made of a valuable paper on medical jurisprudence written by Dr. F. H. Redwine and published in *Davis' Medical Magazine*.

The importance of indican in the urine and its relation between albumin and casts, and also the relation between indican and blood pressure, are forcibly pointed out by Prof. Louis F. Bishop, in an

article on arteriosclerosis, published in the *Medical Record*. In doing so the doctor vividly pictures the origin and natural cause of a typical case of this very important pathological state. Arteriosclerosis, in its earliest stages, makes no sign whatever. The first suspicion of the disease is caused by the discovery of indican, indol, skatol, or phenol—one or all of the putrefaction group—in the urine. The patient has no symptoms until one of several things occur. After a time there may be an attack of hemiplegia, or quite early the patient may become a victim of neurasthenia (for intestinal putrefaction affects the nerves); then the condition is recognized. In the latter case, the patient may undergo treatment and escape arteriosclerosis. If this nervous trouble does not call attention to the disease, he may go on for many years excreting indican (the index of various toxins). After a while the excretion of these products through the kidneys damages them. Then albuminuria develops and a few hyaline casts appear. If these are not discovered, the myocardium often becomes involved. The arteries are affected last. When the myocardium becomes affected the patient has a soft murmur and slight dilation of the heart, or else there is precordial pain, resulting from the fact that whenever an unstriped muscular tissue is unable to do its work it irritates that level of the spinal cord, and the sensory nerves passing through it are irritated, so that the nerve gives rise to pain that is felt in the brain and referred to the distribution of the nerve. The failure of the heart muscle is a result of being poisoned by the elements of intestinal putrefaction, and it therefore has difficulty in doing its work. If the albuminuria is not discovered the blood vessels become affected indirectly through the kidneys. The kidneys are damaged and unable to do their work without additional blood pressure, and the blood pressure is raised. When the blood pressure is raised the heart becomes hypertrophied to more easily keep up the blood pressure, and the blood vessels themselves become hypertrophied for the same reason, and later there is a deposit of fibrous tissue. In the early stage of this wrong of life, when the toxic elements are active, there is low blood pressure because of the disturbance of the tone of the heart muscle and the muscular elements of the blood vessels. The moment the kidneys become at all incompetent there is a tendency to high blood pressure. After twenty-five or more years, the patient, who started with indicanuria, has changed into a typical case of Bright's disease, with hypertrophied heart and blood vessels, and a liability to terminal apoplexy, uremia, or cardiac dilatation. This is the usual and natural history of a case of arteriosclerosis.

Medicine is something tangible—a substance that can be seen and felt. It is a force that is sure to cause changes in the body—for good or for evil. If clearly indicated it is certain to do good; if not, it is just as certain to do harm. It is not the quantity of a medicine that we should look to for curative results, but to the right medicine and its

quality. If the remedy administered is the right remedy, and the quality is good, a very small quantity—much smaller than some physicians seem to think—will exert the necessary force, and bring about the needed control and removal of pathological conditions. But how and why does a few small doses of what we call medicine accomplish this wonderful work? Possibly the man of the laboratory honestly thinks he can answer this question correctly. Whether he can or not, matters little, for the knowledge that enables us to *know*, from repeated experiences of many years, that a remedy that will remove a certain wrong of life once will remove a wrong *exactly* like it again, and continue to do so for all time, will ever prove a safe guide in our treatment of the sick. The course of nature never changes. Like causes ever produce like effects. The influence of the mind upon the body cannot be denied, but in these days there are no miracles.

FYFE.

The State Meeting.

The time of the meeting of the Eclectic Medical Society of New York is drawing near, and the preparations now in progress will make it one of the most interesting affairs both from a scientific and social point. Up to date papers have been promised by Prof. John Uri Lloyd, Prof. H. Lohmann, Dr. Lee H. Smith, Dr. Charles Lloyd, Dr. John T. Sibley, Dr. D. Alperin, Dr. Max Meyer, Dr. G. Schaefer, Dr. M. B. Perlstein and a few others. All papers cover very interesting and some entirely new subjects.

From the correspondence with up-State members, we are assured of an attendance that will surpass the best meetings in the history of the State Society. The prize essay offer is also attracting much interest and we expect many competitors. We sincerely hope that the New York City, and the Brooklyn eclectic medical societies will come up in force.

A.

Original Articles

Similia Similibus.

BY DR. MAX MEYER.

Lately it has been demonstrated that all diseases—except reflex-neuroses—are caused by chemical substances, and these have to be neutralized in order to effect a radical cure.

From the standpoint of experimentation, bacteriology has tried to overcome pathological conditions by vaccination with different serums.

It attempted to explain the action of these fluids in various ways, but only since the discovery of the serum of tetanus and diphtheria the chemical theory has been accepted. Among hundreds of specific

germs, being pronounced to be the cause of specific diseases, only a few serums are successfully employed; therefore it seems strange that epidemics appear nowadays more frequent and more violent, notwithstanding the incessant investigations, the production of new serums and antitoxins.

The employment of serum is opposed by many scientists for the following reasons:

(1) The serum is derived from animals which have been rendered sick by artificial means. (The diseased state might also be derived or inherited from a parent, being latent sick.)

(2) The efficient substances of the animal antitoxins are so far unknown, we cannot analyze nor weigh them, hence what danger to the physician and his patient lies in their administration.

(3) The animal antitoxins and the so-called direct metabolic products of the bacillæ multiply in the sick organism, into which they are introduced enormously, hence bacteriology has no measure to inhibit their propagation and counts with immunization only, which is supposed to inhibit the development, hence are of uncertain and incalculable effects, and it is very probable that many a life has been destroyed by their unreliable action.

(4) The animal antitoxins act only by subcutaneous injection; they are absolutely inert when introduced into the gastro-intestinal tract. On the other hand, whenever a disposition for a skin disease exists, these injections produce such lesions which will last for years.

(5) Animal antitoxins are expensive, and in consequence not available for the general public.

The foregoing facts must then lead our efforts into another direction, and in the following lines I shall show a different point of view:

"*Similia similibus*" of the Greeks fits good in the comparison between symptoms and pathology of diseases on one hand, and chemical substances produced by abnormal conditions on the other. The poison of an acute infectious disease, whether produced by metabolic processes of bacillæ or otherwise, has a distinct and specific characteristic, which is similar to the character of a vegetable or metallic poison, as f. i. the poison of diphtheria resembles belladonna poison, that of cholera is similar to arsenic and strychnine, etc.

Every organ and every tissue possesses specific chemical substances, which differ from those of other organs or tissues in their specific assimilation and function. Chemistry is not so far advanced to produce and demonstrate all these specific substances, and, although we have been able to demonstrate some of these in some of the organs and tissues, though we are totally ignorant about the distinctly different chemical products which are formed in the identical histologic organs and tissues (tears, saliva, gastric juice, etc.).

We know furthermore that the poisons of acute infectious dis-

eases prefer a certain locality in the human system, i. e., they have a certain specific affinity to certain organs, f. i. Diphtheria poison has a selective primary attraction to the palate, larynx, pharynx and only secondary; it affects other organs, as eyes, nose, heart, etc.

Similar affinities are known of many vegetable and metallic poisons, f. i., the alkaloids of belladonna and their isomers attract in the first place precisely the same organs and tissues as the diphtheria poison; arsenic attracts the same structures as cholera poison, etc.

This specific action then is only possible, if the minial quantity introduced into the organism is fixed to a certain definite area, so that if we inject subcutaneously into an adult f. i. 0,0i morphine or 0,0005 atropine, and see after five minutes a pronounced action of the poison, we have to conclude that the poison must have been absorbed by a certain area of the brain without affecting the blood circulation, otherwise the result on account of the smallness of the dose could not be explained.

If then the vegetable poisons affect the same organs and tissues as the poisons of acute infectious diseases, it must be true that the former will be the best indicators in certain diseases. This property of indication can be explained in the following way:

(1) The introduced vegetable poison unites with the poison of infection and splits up the combination, so that another union takes place which annihilates the toxicity.

(2) The remedial agent must be weak, because it should not add to the strength of the prevalent toxicity, but simply counteract, neutralize or destroy the infectious poison; the amount must be large enough in quantity, not in quality, that gradual absorption resp. union takes place.

(3) It is then evident that a small amount of the injected vegetable poison is first taken up by the peripheral organs, but the toxicity and quantity is not large enough to produce in the healthy structure any disturbance, but, being carried inwardly, will reach the diseased area and now neutralization takes place.

What substances and how much of them to take is then only a matter of investigation and experimentation from a chemical and therapeutic standpoint.

For a number of years I have aimed to find out the dosage and clinical use of vegetable and mineral poisons, their appliance and *modus operandi* and probably a little later in an article I shall give an account of my labors.

New York, 14 East 120th Street.

Evening Primrose, *Oenothera Biennis*. Lim.

BY CHARLES LLOYD, M.D.

Synonyms—Cure-all, scabish, sundrop, tree-primrose, night candle, night willow-herb.

Part employed—The leaves.

Natural order—Onagariæ.

Habitat—United States, West. (East, Gray.)

Constituents: *Oenotherin* (?), tannin, mucilage.

This American plant is called the evening primrose because of the charming yellow flower which unfolds its bosom to the evening sun, and drinks up the dews of night with its petals, rendering darkness as lovely as noonday, but which retires at the approach of the sun, rolling up its petals and carefully protecting its stamens and pistils from the glare of light. The evening primrose is vulgarly known by the name of scabish; but how it acquired the name, it is difficult to understand, as the scabious has not the slightest affinity with the plant.

The flowers of this plant generally burst open and expand between six and seven o'clock in the morning.

If we stand over this plant to watch the expansion of its flowers, we will see the petals are confined together by means of the calyx, the ends of which meet over the corolla, and clasp each other as by a hook. As the corolla swells in its confinement, the segments of the calyx separate at bottom and discover the primrose corolla, which appears to be gradually inflating with a gaseous fluid until it acquires sufficient expansive force to burst the hooks of the calyx. When its petals are thus freed, they expand instantaneously to a cup shape, and in about half an hour after they progressively spread until they become quite flat; by the morning the flowers become flaccid, so that the impregnation must take place after sunset.

BOTANICAL DESCRIPTION.

The *œnothéra biennis* is a biennial caulescent herb with rather stout, erect, mostly simple, usually hirsute stem; leaves lanceolate to ovate-lanceolate, repandently denticulate, 2-6 inches long, acute or acuminate, more or less pubescent; flowers erect in the bud, nocturnal, fugacious, yellow. Sometimes odorous, in a terminal somewhat leafy spike; calyx-tube slightly dilated at the throat, linear, prolonged beyond the ovary and as much longer, deciduous, 1-2½ inches long, the lobes 4, reflexed, tip of the sepals contiguous; petals 4, a little longer than the stamens slightly obcordate, ½ to ¾ inch long; capsules 4-valved, more or less pubescent or hirsute, sessile, coriaceous, oblong, slightly tapering above, obscurely four-sided or almost terete; stamens 8, mostly declined; anthers linear and versatile; stigma-lobes linear, elongated; seeds very numerous and arranged in two rows in each cell, nearly horizontal or ascending.

The evening primrose has many species, all originally American,

and most of them from the United States, especially from Southwest and West. There are the yellow-flowered, the white-flowered and the red-purple flowered.

The *œnothera biennis* has several varieties. The substitution of one for another of these, as also the substitution of one species for another, may have given rise to the different results in their application to diseased conditions by different prescribers.

The plant grows in fields, waste places, fence-rows, and road-sides (abundantly. It flowers from June into September. The leaves should be gathered while the plant is in early blossom. An infusion of the leaves has a flavor resembling Chinese table tea.

PREPARATIONS.

Infusion, leaves one ounce, water one pint, dose tablespoonful fluid extract, miscible with water. Dose, ranging from fifteen drops to a drachm for an adult, average dose fifteen to twenty-five drops.

GLYCEROLE, SYRUP, OINTMENT.

It might be well to say here that fluid extracts of this plant listed on the market varies in quality. Some are made according to the U. S. P.; others with very dilute alcohol, and some with alcohol 95%. Dried plant. I quote the formula recommended by Dr. J. M. Scudder, which is: "A tincture is prepared from the recent plant (whole) with alcohol of 98%. Dose will vary from the fraction of a drop to ten drops." This tincture, as with most of his tinctures, are made according to his "office pharmacy": "Eight ounces of the crude material to the pint of alcohol." Many pharmaceutical houses do not mention from what part of the plant the fluid extract is made, and we are in doubt as to its properties for therapeutical uses (this is a very common error). Writers on materia medica have stated that the parts used of this plant are the leaves, twigs and bark. The twigs and bark can hardly refer to this herbaceous plant, but is more likely to be that of a shrub or tree, a species of primrose tree, of which there are several; the pharmaceutical product of which would differ from the plant under consideration.

A decoction and an ointment of the plant have been used with success in prurigo and similar diseases of the skin.

MODE OF ACTION.

Its action is chiefly on or through the sympathetic nerves, acting as a mild sedative to irritable states. It also influences the spinal accessory and pneumogastric, controlling moderate spasmodic conditions. It soothes the irritability of the pulmonary and gastro-intestinal mucous membranes, lessening exudations and promoting normal functional activity. Most adaptable to cases of asthenia.

THERAPEUTIC USES.

The *œnothera biennis* is very useful in that class of cases where there is hypersensitiveness, in nervous and irritable patients having

more or less hysterical manifestations accompanying the disorders, sympathetic coughs, gastric and vesical irritations, asthma, whooping cough and chronic indigestion inducing these attacks of disease.

In those cases where a sensitive condition of the gastric mucous membrane exists as to interfere much with digestion, and such a grade of capillary bronchial irritation as to induce distressing dyspnoea, or asthma, the latter manifesting itself more especially during the transition seasons of autumn and spring, but liable to be developed at any time by unusual gastric disturbances. In many of these cases the patient finds great difficulty in obtaining relief. If he takes expectorants, sedatives, antispasmodics, or anodynes, to relieve his breathing, it very generally results in aggravating the gastric trouble, which he finds but feebly counteracted by such agents as pepsin, bismuth, nuxvomica, hydrastis, etc. It is adaptable in the treatment of such cases of respiratory or gastric troubles as involve a morbid sensitiveness either in the laryngeal, pulmonary or gastric branches of the pneumogastric nerve, whether of an acute or chronic character. In these cases where both the gastric and vesical irritation exist at the same time, the *cœnothera biennis* will prove efficient. In some of these cases drachm doses of the fluid extract may be required. In typhoid fever it will allay the general irritability and also that of the intestinal irritation. In typhoid cases the dose of fl. ext. will range from fifteen to thirty drops in a little water every three hours. In children from five to ten drops. In cases of sympathetic or spasmodic asthma the dose ranges from fifteen to thirty drops every two to four hours. Cases simulating angina pectoris will be relieved by the same doses, repeating the dose every one to two hours **until relieved**.

In cases of dysentery in the same class of patients, this remedy combined with ipecac, or aconite, have cured speedily, the dose being ten drops every hour until improvement takes place.

INDICATIONS.

The indications found in many cases successfully treated are the following:

Asthenia, extremities cool, and sometimes bluish, lips livid, tongue clean, sometimes redder than usual, stomach irritable, sensitive to pressure, rejecting food and sometimes medicines; food causes epigastric distress, sometimes accompanied with dyspnoea, and cardiac palpitation. Oppressed breathing with scanty expectoration of mucus, harsh cough, irritable bladder with frequent micturition, especially of a nervous character where no particular cause can be assigned. Other indications are suggestive. I quote from the late Professor John M. Scudder, M.D., in his tenth edition of *Specific Medication and Specific Medicines*, 1880, previous editions omitting any mention of this remedy: "If I were giving the indications for it, I should say—a sallow, dirty skin, tissues full and expressionless, an expressionless face, a tongue

the color of the skin, very unnatural and large, patient gloomy and despondent." "I have used it with advantage in dyspepsia, torpidity of the liver, enlarged spleen, enlarged mesenteric glands, and in some diseases of women, characterized by pelvic fullness and torpor." We have here a difference of indications. What we need in the intelligent use of this remedy, as we do with many another, is a collective verification by experience of the positive indications for its administration.

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Acne.

BY ARTHUR WM. SMITH, A.M., M.D.

Acne is characterized by hard, inflamed, tubercular tumors, suppurating very slowly, occurring chiefly on the face; sometimes also on the neck and shoulders.

One or more, sometimes a number, of these tubercles appear, generally in succession, in the face, and sometimes on the neck, shoulders and breast, but never lower; remain permanent for a considerable time; and suppurate slowly and imperfectly, leaving a dark or livid mark, which gradually disappears. They occur chiefly in persons of sanguine temperament; commencing at the period of puberty, and generally disappearing after thirty or thirty-five. They are common to both sexes, but are most frequent and numerous in the male sex.—COPLAND.

Acne is one of the most common diseases of the skin, but as it is often mild and gives no trouble, the physician is not called upon to treat it. It is a common opinion with the public that the disease is incurable, and that the patient will outgrow it; which, in a way, is true, as it is apt to be inveterate, and tends to disappear as age advances. There is a tendency to relapses, which discourage the patient as well as the physician, but much good can be accomplished by early and persistent treatment.

Acne vulgaris is the most pronounced form of the disease, and is that for which the services of the physician are most often sought on account of the disfigurement of the face. It may be thus described. The subject is a young man or woman whose nose and forehead look and feel greasy; and whose face is studded over with comedons, white or red papules, small pustules alone or interspersed with larger pustules

and dull red nodules. When the nodules are in large numbers, the face feels lumpy. On the scalp there is usually a varying amount of dandruff. The same lesions that are seen on the face may also occur on the back, chest and tops of the shoulders, and the skin over the breast bone and between the shoulder blades is often greasy to the sight and touch.—JACKSON.

Acne belongs to the period of youth, more especially between the fourteenth and sixteenth years: as the skin now undergoes rapid developments, and the sebaceous glands take on greater activity as shown by the greasy skin and dandruff. Disorders of digestion are peculiar to youth from indiscretions in diet; with constipation, anæmia, or even chlorosis. Indigestion also tends to cause congestion of the skin of the face, and impair its nutrition.

Impaired nutrition accounts for the persistence of acne, and its appearance after the youthful period has passed.

While menstrual disorders in young women cause congestion of the face and aggravate the eruption, these disorders exist without acne, and hence cannot be counted as a cause.

There is a seborrheal condition of the skin which is a forerunner of acne, and, as this disappears about the twenty-second year of life, the acne tends to get well. Some skins are of coarse texture and favor acne: there is a multitude of wide open pores, with evidences of sluggishness of the vascular circulation. Such a skin is greasy in appearance and with those who claim that acne is of parasitic origin furnishes an excellent soil for infection by the micro-organisms that are found in acne.

While many authorities believe in the parasitic origin of acne, it has not yet been absolutely proven.

The treatment of acne is essentially aseptic, and if we concede its parasitic origin, the one accords with the other. We aim to keep the skin in a normal condition, to remove the contents of the nodules, and so kill the bacilli, and prevent new infection.

In general, we aim to remove defects of digestion, with their train of disorders: constipation, anæmia, plethora, dyspepsia, lithemia and menstrual disorders. Attention must be given to diet, exercise, baths and hygiene. The patient must keep good hours, be out of doors as much as possible, sleep with the window open, and engage in active and agreeable exercise. A plain, nutritious diet is necessary, with avoidance of sweets, pastries and foods fried in fat. The young man should forswear tobacco, and the young woman tight lacing.

Of the drugs employed in the treatment of acne, sulphur holds the first place, both as a local and internal remedy.

Sulphur soap may be used locally, making a lather which is allowed to remain on over night, while the sulphide of calcium may be given internally.

Before local applications are made the contents of the pustules must be removed. The instruments for doing this are the curette, acne lancet and comedo expressor. Care must be taken not to wound the skin so as to leave a scar. The skin is then bathed with peroxide of hydrogen. It is sometimes possible to inject peroxide of hydrogen into the larger pustules after evacuating the contents; otherwise carbolic acid is applied on a piece of wood prepared for the purpose.

A formula containing sulphur for local use is as follows: Zinc sulphate and potassium sulphuret, of each, ʒj—ij ; rose water, q. s. ad ʒiv . A drachm of precipitated sulphur may be added. This is to be shaken up before using.

Resorcin, twenty per cent, in water, may be applied, when the eruption will bear a stimulant, night and morning, until the skin is red: and the oxide of zinc lotion, or cold cream, applied to relieve the irritation.

That acne is difficult to cure is demonstrated by the wide range of methods of treatment.

Of the internal remedies *viola tricolor*, in infusion, holds a leading place.

Sometimes one has to resort to unusual methods to effect cures, as in the following case:

Miss M., aged 25, a public school teacher, called at my office with her mother. She was closely veiled. On exposing her face it was seen to be literally covered by the eruption of *acne vulgaris*. She said she had been treated by several doctors with but little benefit and asked me if I could cure her. When I answered guardedly, she burst into tears and, turning to her mother, said: "He cannot cure me." I explained myself and she assented to my treating the case. and to do as I thought best as to treatment. I explained to her that the injection of water into the vagina as hot as it could be borne was reputed to have cured cases as severe as hers, which had resisted all other treatment. I then directed the treatment so that she could do it herself. The apparatus consisted of a specially prepared bed-pan with a tube to drain away the water, and a fountain syringe. The syringe being filled with water of the proper temperature it was to be allowed to flow into the vagina, for a half hour or more each day the water to discharge into the bed-pan, and be received in a vessel at the side of the couch. In connection with this treatment she was to employ a lotion of sulphur in water.

I did not see her again for several weeks, when she called to report. To my surprise the acne had entirely disappeared.

I was in touch with her for several years afterwards, and the disease did not return.

References: *Jackson Medical Record*, March 18, 1905, p. 408.

Berwyn, Illinois.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

Psychoses of various kinds have been described in connection with influenza. In some cases they may be due entirely to the infection, while in others, a neurotic and psychopathic disposition can easily be demonstrated, and this disposition seems to be awakened by the infection. The cure of these mental disturbances is quite a serious matter and means must be found at once to overcome the profound depression, the nervous excitation and the insomnia.

"A drug once very highly lauded in tabes, and which may be found to be of value in quite a few cases, is nitrate of silver. It controls pain." These words are found in a certain volume giving the treatment of tabes dorsalis. What rot and nonsense! I have carefully examined its value in quite a few cases, and the results were always negative, and it is absolutely worthless as a pain controller in tabes.

It is often almost impossible to differentiate between cerebral syphilis and paresis; and it is best to put every case of paresis upon some good anti-syphilitic treatment.

We see that some authors state that epilepsy is a true disease of the nervous system and has nothing in common with infantile convulsions. In this and with this we differ strongly. A serious view should be taken of all convulsions occurring in infancy, especially if oft repeated. When the latter occurs, it is positive evidence of an abnormal brain and a basis for the development of epilepsy.

The differentiation of meningitis simplex from meningitis tuberculosa may be sometimes quite perplexing. The acute development, the convulsions coming on at the onset of the disease and the high fever—point to the former affection. Tuberculosis of the meninges may present the same picture as simple meningitis, and the only positive diagnostic factor is the presence of tubercle bacilli in the lumbar fluid.

In the *Müch. Med. Woche.*, Rieboldt reports a case of presumably tuberculous cerebrospinal meningitis, resulting in recovery, and based on his experience with the case, he advises that daily spinal punctures be made in such cases. Still he admits that three other cases of tuberculous cerebrospinal meningitis so treated, all died!

I think it is ridiculous to operate in epilepsy (the only form in which it should be permitted is true Jacksonian epilepsy in which the diseased focus can be localized); in most other cases no characteristic

symptoms of localized disease of the brain can be demonstrated. Even in focal epilepsy the prognosis after operation is not so favorable, as is supposed, and in only very few cases has a permanent cure resulted.

Uterine and ovarian disorders, while so frequently met with in general practice, have only certain effects in some few cases in the production of insanity. Amenorrhea may be a frequent symptom in melancholia and in some allied states of nervous depression this may give rise to a delusion of frequency, and that is pregnant by the devil and so on. The patient here may also tell you that she is dead or without human feelings. In many cases these symptoms pass with the return of the menses. With uterine and ovarian diseases you may also observe hallucinations of smell.

It is not uncommon to meet patients of neurotic heredity and temperament who are peculiarly susceptible to the effect of the salts of quinine. A small dose renders them delirious for a short time, after which they recover. Actually actual insanity following the administration of quinine in overdoses is rare. Berkeley mentions one case—a man of 49 years, who had never before been insane, one dram of the sulphate taken daily for a month brought about an active hallucinatory delirium lasting three days, from which he recovered on withdrawal of the drug.

Comparatively few idiots have crania in size fully up to the requirements of the normal man. In the macrocephalic idiot, the skull is mostly of the dolichocephalic type. The facial bones are small, the eyes deep set in the orbits, the inferior maxilla is very much retreating. The physical development is stunted, the growth is feeble, the limbs cannot support the body, the hands and feet are infantile.

A neurotic, pampered, over-indulged girl, whose developing erotic tendencies are uncontrolled by healthy exercise, restraint and proper diet, will frequently end by becoming a sexual pervert.

Melancholia attonita presents many points of resemblance to the acute curable dementias, but can be distinguished by the history of antecedent depression, the anxious expression of the countenance, the suicidal attempts and, after recovery, by the retention by the patient of a fairly accurate memory of the events of the time of stupor.

Localezia neuritis does not implicate a single peripheral nerve. If the local effect is extensive, it may attack several nerves at the same time, a nerve plexus may be damaged, and the boundary between the local and general neuritis cannot always be sharply defined.

For night restlessness, the peevish, impatient condition, that you meet, during convalescence from any inflammatory state, I use specific chamomilla with uniform good results.

Von Romberg (Post Graduate) claims that arteriosclerosis and nervous affections are closely related in many ways. Nervous affections play quite a part in the causation of vascular disorders in which wear of the arterial walls is manifested. The thickening of the intima, followed by fatty and calcareous degeneration, the connective tissue proliferation, etc., etc., are the anatomical expression of demands and injury to the arterial walls. Among congenital anomalies hysteria seems to be the only condition which does not lead to arteriosclerosis.

70 Rogers Ave., Brooklyn.

From an Advocate of Medical Freedom.

Dear Sir:—

The cunning backers of Senator Owen's bill for a National Department of Health are pretending to do everything to have the National League for Medical Freedom, including the eclectics, homoeopaths, osteopaths and Christian scientists, to call off the dogs of war and peaceably allow the Owen bill to pass Congress establishing a National Board of Health. The amendment to his bill, as you no doubt have noted, is as follows:

"That the Department of Health established by this Act shall have no power to regulate the practice of medicine, or the practice of healing, or to interfere with the right of a citizen to employ the practitioner of his choice, within any state of the Union, and all appointments within the Department shall be made without discrimination against any school of medicine or of healing."

The *Journal of the American Medical Association*, commenting on this amendment in its issue of December 23d, says:

"It will doubtless quiet the fears of honest but misguided opponents of the measure since after the incorporation of this statement the only persons who can oppose the measure will be those who have a selfish and mercenary objection to its passage."

Of course there is nothing mercenary or selfish in the backers of the Owen bill. Oh, no, they are immaculate. They are a self-constituted body solely for the good of the "dear people," to listen to them; whereas the truth is the advocates of the measure are most selfish and mercenary in their ultimate purposes.

They could interfere with the practice of medicine on the part of other schools and even of some of their own school, without technically violating the Owen bill, if passed, and they would do it in this way. They would establish a Board of Standardization for all drugs and medical appliances, and those approved would be embodied in the

United States Pharmacopœia and the National Formulary, and their immaculate booklet, "New and Non-Official (approved by their Council of Pharmacy and Chemistry) Remedies," from which they would exclude many valuable drugs and drug principles and appliances used in the practice of medicine by the eclectics, homœopaths, osteopaths and other practitioners, and the manufacture of which they would prohibit, after the National Board was authorized and became a fact, through the arbitrary dictum or fiat of their self-appointed board on medicine and pharmacology, under the pretense that they were worthless and the manufacture of them, even to be used under the prescription of a physician, would be "dangerous to the public health," and yet claim that they were not interfering with the practice of medicine, and strictly would not be interfering under the Act.

So it behooves the National League for Medical Freedom to be ever on the alert to make no compromise in the fight against this bill for the enactment of a National Board of Health. When its authors once get control they will crack their whip in the face of every other school of medicine, and don't you forget it.

Yours for medical freedom.

Toxic Action of Digitalis on the Heart.

Harold C. Bailey (*American Jour. Med. Sciences*) classifies the toxic effects of digitalis into three periods as follows: (1) Vagus stimulation; (2) depression of conductivity with marked vagus action; (3) marked muscular irritability with depression of contractility. Digitalis heart block may be differentiated from ordinary heart block and from vagus influence as a causative factor. Muscular irritability may be the first symptom observed, the other stages being short in duration and easily overlooked. Irritability from digitalis must be differentiated from the progress of the disease by careful observations of the different functions as evidenced by combined tracings. With therapeutic doses the rise of blood pressure due to vasoconstriction is so slight that it may be disregarded, but with toxic doses it becomes of extreme importance. Cumulation occurs with digitalis, and may last for a considerable period. Vomiting is probably a central effect of digitalis and is a sign that absorption is occurring. The earliest stages of the toxic symptoms may be recognized by careful and frequent sphygmographic observations.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

Announcement.

As a means of presenting the consensus of eclectic opinion, during the present year I propose to give in this department of the REVIEW a brief diagnosis of twelve of the most important common diseases, together with a few remarks concerning four of the drugs employed by eclectic physicians in their treatment of each of the diseases considered. The articles will consist of extracts taken from eclectic text-books.

Pneumonia and Four of the Drugs Used in Its Treatment.

The diagnosis of pneumonia is not usually difficult. The sudden and marked chill or rigor, lasting from thirty to sixty minutes; the high febrile reaction; the anxious expression on the face and the dusky red spot upon the cheek; the quick, shallow respiration; the short, dry, hacking cough; the sharp pain over the affected part; the sharp, crackling, crepitant rhonchus, followed by the fine crepitant rales; the dullness on percussion; the frothy sputum the first twenty-four or forty-eight hours, followed by rusty expectoration—leave but little doubt, not only as to the disease, but also as to the degree and stage of the inflammation.—*Thomas' Practice*.

Aconite.

In pneumonia the influence of aconite upon the capillary circulation is so pronounced that it is impossible to overlook its benefits. Usually for the first five days of the fever its indications are conspicuous, and no remedy will take its place.—*Ellingwood's Materia Medica*.

In pneumonia, as well as in all other forms of disease, when the pulse is small and frequent, aconite lessens vascular excitement and rapidity of the circulation, promotes secretion from the skin, and reduces the temperature.—*Fyfe's Specific Diagnosis and Medication*.

Aconite is without doubt our most frequently indicated remedy. It moderates the force and frequency of the heart's action—increasing the power of the heart and the tone of the blood vessels. It is often a much needed remedy in pneumonia.—*Fyfe's Materia Medica*.

In pneumonia, and all other inflammatory diseases, as much of the difficulty as depends upon the exalted circulation and temperature, will be removed by aconite. The leading indication for its use is the small and frequent pulse.—*Locke and Felter's Materia Medica*.

In pneumonia the fever is treated by the special sedatives. Aconite, when the pulse is feeble and rapid; veratrum, when it is full and bounding. These remedies have not only an influence upon the temperature, but, when used in small, frequent doses, have a controlling influence upon the heart and capillary circulation as well.—*Mundy's Diseases of Children*.

In pneumonia aconite is useful when the pulse is small and frequent; also when there is a sense of burning and constriction in the fauces. It should be given in small doses.—*Watkins' Practice*.

The dose of specific aconite is from 1-20 to 1-2 drop, but it may be effectively prescribed as follows: $\mathcal{R}$: Aconite, gtt. iii to gtt. x; water, $\mathfrak{z}$ iv. Teaspoonful every half hour to every hour.

Bryonia.

In pneumonia bryonia may be positively indicated. * * * It is of much value in typhoid pneumonia, or in pleuro-pneumonia, or broncho-pneumonia, with typhoid complications.—*Ellingwood's Materia Medica*.

In pneumonia when there is tensive, sharp or lancinating pain, the relieving influence of bryonia is promptly manifested.—*Fyfe's Specific Diagnosis and Medication*.

In pneumonia, when effusion has taken place, bryonia, in small doses, will bring about absorption of the fluid in many cases which, without this remedy, would prove hopeless.—*Fyfe's Materia Medica*.

Bryonia is an excellent remedy in lung diseases. Few cases of pneumonia occur without demanding this valuable drug.—*Locke and Felter's Materia Medica*.

Bryonia is useful in pneumonia when there is a suppressed hacking cough, with pain in the right side; respiratory movements retarded; pleuritic pains; swelling of joints.—*Watkins' Practice*.

The dose of specific bryonia is 1-10 to 2 drops, but the following constitutes an efficient prescription: $\mathcal{R}$: Bryonia, gtt. iii to x; water, $\mathfrak{z}$ iv. Teaspoonful every hour.

Ipecacuanha.

Ipecac in small doses, given in conjunction or in alternation with aconite, or bryonia, or belladonna, is of great service in pneumonia, especially in that of children.—*Ellingwood's Materia Medica*.

Ipecac is of unquestioned value in many diseases of the lungs and bronchial tubes. In pneumonia, particularly in the congestive and declining stages of the disease, it is often serviceable.—*Fyfe's Specific Diagnosis and Medication*.

Ipecac in small doses is a frequently indicated remedy in pneumonia.—*Fyfe's Materia Medica*.

Ipecac is a good remedy in diseases of the respiratory organs, and is especially valuable in pneumonia.—*Locke and Felter's Materia Medica*.

In pneumonia, should the cough show abundant secretion, and the rales be moist, and there is weakness and prostration, use ipecac.—*Mundy's Diseases of Children.*

Ipecac is indicated in pneumonia by oppressed respiration, diminished expectoration, mucous rales, hyper-secretion in bronchioles; weakness and feebleness.—*Watkins' Practice.*

In pneumonia specific ipecac may be prescribed as follows: $\mathcal{R}$: Ipecac, gtt. v to x; water, $\mathfrak{z}$ iv. Teaspoonful every hour.

Veratrum Viride.

Characteristic indications for veratrum are found in the onset of pneumonia in strong men previously healthy and vigorous. * * * It will slow the pulse and slowly reduce the temperature after four or five hours. This effect can be continued for a few doses longer, and then the doses should be smaller or given further apart.—*Ellingwood's Materia Medica.*

Veratrum is often a much needed remedy in pneumonia. The leading specific indication—the full and bounding pulse—for its exhibition is so plain and simple that it cannot be mistaken. Whenever called for by this characteristic pulse, veratrum acts with a wonderful degree of certainty.—*Fyfe's Specific Diagnosis and Medication.*

Veratrum is a frequently indicated remedy in pneumonia, and, when specifically called for, is certain to produce very gratifying results.—*Fyfe's Materia Medica.*

In pneumonia, when associated with the full and bounding pulse, veratrum is a good remedy. It generally controls the inflammatory action, lessens the cough, and in every way improves the patient.—*Locke and Felter's Materia Medica.*

Veratrum is called for in pneumonia by pyrexia, with a full and bounding pulse.—*Watkins' Practice.*

The dose of specific veratrum is from 1 to 15 drops, but it may be successfully prescribed as follows: $\mathcal{R}$: Veratrum, gtt. v to x; water, $\mathfrak{z}$ iv. Teaspoonful every hour to every three hours.

Barosma Crenata—Buchu.

This old plant remedy is an excellent diuretic, and one which might be more frequently employed with the most gratifying results. It is also an alterative and tonic of much usefulness. The eclectics of fifty years ago made frequent use of buchu. Dr. Benjamin Keith deemed it one of his most reliable remedies, and he accomplished some results with it, which seemed beyond the power of drugs. One of his patients, with whom I was acquainted, had been afflicted for many years with a severe case of chronic cystitis, and had suffered many things from many old-school doctors, and finally pronounced by them incurable. The principal remedy employed by Dr. Keith in the treat-

ment of her case was buchu in infusion. The lady was completely restored to health and lived comfortably for many years thereafter.

Buchu exerts a specific influence upon the genito-urinary apparatus, and has proved useful in diseases of these organs. It is especially indicated in chronic affections attended with excessive secretion. In diseases complicated with or taking rise from excessive formation of uric and lithic acids it is used with marked advantage. In catarrh of the bladder it allays irritation of the mucous surfaces, lessens the quantity of mucus voided, and apparently cleanses and heals the mucous surfaces. The specific properties of buchu are also promptly manifested in hematuria.

In the treatment of some diseases of the heart, buchu has at times proved an absolute necessity. This fact was well illustrated in a case which recently came under my care. The patient, a man fifty years of age, was suffering from fatty degeneration of the heart, largely involving the left ventricle. He could not rest in bed, and the only way he could get any sleep was to rest on his knees by the bedside. His legs were enormously swollen. I prescribed various remedies, including apocynum and digitalis, but without apparent benefit. I then made an infusion of the leaves of buchu and digitalis, and directed the patient to take a tablespoonful of it every three hours. The following day there was a marked increase in the flow of urine. In three days the swelling had disappeared, and the man could rest on his back in bed and comfortably sleep. The addition of digitalis was made to the buchu infusion in view of the serious condition of the patient's heart, as well as on account of the diuretic properties of the drug.

The dose of Specific Medicine Buchu (or a good fluid extract) is from 10 to 30 drops.

Eupatorium and Gelsemium in La Grippe.

Eupatorium and gelsemium, singly and in varying combination, are exceedingly satisfactory in the treatment of la grippe and the epidemic colds prevalent during the winter season; the fever, headache and general pains are quickly relieved thereby.

WILLIAM LYON, M.D.

Remedies for Pain.

I prescribe dioscorea for abdominal pain; bryonia for neurotic and rheumatic pain; colchicum for shooting pains and rheumatism. I use the latter drug very guardedly. I find apocynum good in smokers' heart.

P. J. WOOLSEY, M.D.

Echinacea in Bubo and Chancre.

I consider echinacea a remedy *par excellence* in the treatment of bubo and chancre.

W. L. WORTHINGTON, M.D.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Washington, D. C., in June, 1912. A. F. Stephens, M.D., president; W. P. Best, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1912. T. D. Adlerman, M. D., president; E. H. King, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. H. Harris, M. D., president; M. B. MacDermott, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. John Birkenhauer, M. D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M. D., president; A. B. Wolf, M. D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M. D., secretary.

Eclectic Medical Society of the City and County of New York.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held in the Auditorium of the College, Thursday evening, December 21st, 1911, President Lloyd in the chair.

The minutes of the previous meeting were read and approved.

This being the annual meeting for the election of officers, a large number of members were in attendance.

The annual reports of the financial secretary and treasurer were presented to the Society. On motion, the reports were received and referred to the Auditing Committee.

Those reports being examined and found correct, were accepted.

The financial condition of the Society is exceedingly satisfactory.

Two new candidates, Drs. Andrews and Caliva, were elected to membership.

On motion, the chairman appointed a committee on nominations, consisting of Drs. F. Greene, G. W. Schaefer and T. D. Adlerman, who presented the following names for consideration:

For President, Dr. H. Harris.

“ Vice-President, Dr. G. W. Schaefer.

“ Recording Secy., Dr. M. B. MacDermott.

“ Financial Secy., Dr. George J. Olsson.

“ Treasurer, Dr. Frank Greene.

“ Members of the Board of Censors:

Drs. Hardy, Nilsson, Hyde, Lloyd and

Von Unruh, all of whom were unani-

mously elected.

Drs. Brandenburg and Hyde acted as installing officers.

A rising vote of thanks was tendered to the outgoing officers for the faithful and efficient services they rendered the Society, after which the meeting adjourned.

M. B. McDERMOTT, Secretary.

New York Specific Medication Club.

The regular monthly meeting of the New York Specific Medication Club was held at the college Thursday evening, December 14th, 1911. On account of the inclement weather the attendance was rather slim, but was made up for by the enthusiasm of those present. Two new members were admitted to the society—Dr. Victor Von Unruh and Dr. Martin Nemirow. The essayist for the evening—Dr. Cecile L. Greil—read a paper entitled “Menstrual Derangements of Adolescents.”

In the discussion of the paper, which followed, part in which was taken by Drs. Hardy, Sibley, Harris, T. D. Adlerman, Schaefer, Canitz and Pearlstein, great credit was given to the author, for the able manner in which she presented the subject.

It was regularly moved and adopted that the Drug Committee appointed to select the drug studies for the year be permitted to substitute therefor diseases and their specific treatment. Accordingly the study for the next meeting to be held Thursday evening, Jan. 11th, 1912, will be pneumonia and its specific treatment. The meeting then adjourned.

Secretary JOHN BIRKENHAUER, M.D.

Selections**Ipecac in the Treatment of Typhoid Fever.**

Ipecac has been employed successfully in the treatment of tropical dysentery. Dr. William L. Frazier, of Mountain Home, Idaho, having been cured of an attack of dysentery by this means, was lead to use ipecac in aborting typhoid fever. Six cases so treated are reported in the *Medical Record* of November 4, 1911. The ipecac treatment was begun as soon as the diagnosis was made, and was carried on in all the cases about the same as in the first, which is as follows: At 8 P. M. of the sixth day the patient was given 15 minims of the tincture of opium; thirty minutes later she was given 30 grains of pulverized ipecac in salol-coated capsules; the room was made dark, and she was required to lie on her right side for two hours, so that the capsules might pass out of the stomach as soon as possible, so as to prevent the ipecac from coming into contact with the stomach wall.

On the seventh, eighth and ninth days of the disease the dose was decreased 5 grains each day, the dose being 10 grains on the tenth day, and this same amount was given on the tenth, eleventh and twelfth days. After the fourth day of the treatment with ipecac there was no elevation of temperature. This was the ninth day of the disease.

In the second case there was no fever after the seventh day of

treatment, which was the twelfth day of the disease. In the third the fever left on the fourth day of treatment, the ninth of the disease. In the fourth there was no fever after the third day of treatment, the eighth day of the disease.

In the fifth the temperature became normal in about seventy-two hours after the ipecac treatment was begun. In the sixth case 12-grain doses of ipecac were given every six hours. At the end of sixty hours there was no fever; 10 grains were then given twice each day for a period of three days.

The tincture of opium prevents vomiting, unless the salol coat of the capsule becomes broken, when it may not do so. The fecal discharge should be examined to see whether the capsules pass without being dissolved. The capsules are coated by dipping them in melted salol.—*Medical Council.*

Nux Juglans.

BY A. L. BLACKWOOD, B.S., M.D., CHICAGO, ILL.

This agent is also known as the *Juglans regia*, the nuts upon which the gods are said to have lived during the "Golden Age." The walnut is important as a food. Its sap produces sugar, and from its fruit there is dye, oil and pickles made. Lumber is made from the trees, while from the leaves and the rind of the green fruit a tincture is prepared and employed in medicine for the relief from disease.

When taken internally there is developed a distension of the abdomen, which is attended with frequent eructations of gas and the discharges of much flatus. The fermentation involves the whole gastrointestinal tract. There is pain, especially in the region of the splenic flexure of the colon. The appetite is good and there may be extreme hunger. The tongue is coated white and there is a bitter, slimy taste in the mouth upon waking. There is a dull pain in the forehead over the eyes, especially when moving or shaking the head. The stools are soft and copious, and in some cases are nearly liquid in consistency and may be attended by a sensation of burning in the anus. The urine is increased in quantity. There are pains in the extremities that simulate rheumatism. The menstrual period is too early, is prolonged; the flow is profuse, dark and clotted.

The skin shows irritation. These symptoms appear late and assume a chronic course. Acne, eczema and boils develop on different parts of the body. And there is eczema in the axilla and bend of the elbow. The glandular system shows irritation and the glands in various parts of the body are enlarged, and furuncles and suppuration appear at many points, wherever there is irritation. The sensation attending the pain is variously described in different portions of the body; itching and burning of the skin; aching of the head, stomach and abdomen; tearing in the teeth; pinching in the abdomen; drawing in

the abdomen and extremities; and stitching in the abdomen, chest, back and anus.

This remedy should be studied in cases of fermentative dyspepsia and intestinal indigestion, and fermentation when the appetite remains good. The whole abdomen is distended and tympanitic. There is rumbling of gas in the stomach and bowels, with frequent eructations and a profuse emission of flatus; with a frequent desire for stool. The latter is semi-solid or liquid. There is burning in the anus during and following the stool.

It is indicated in cases of toxic headache, when this is attended with mental confusion, heaviness of the head and the face is flushed. There is throbbing in the temples and the condition is attended with excessive fermentation along the gastro-intestinal tract. The headache is partially relieved while in the open air.

There is an abnormal amount of urine secreted. There may be irritation of the bladder, and as a result there is a constant urging to urinate or there is dribbling of the urine.

It may become the remedy in rheumatic arthritis, when the pains are referred to the knees, interfere with locomotion and are attended with more or less gastro-intestinal disturbances and fermentation.

It should always be remembered in cases of disease of the skin, especially when attended with glandular enlargement, and other indications of scrofula. In these cases it has been employed in the tincture and in an infusion.

It will be found curative in *crusta lactea* or *tinea favosa*, when there is soreness on or behind the ears. The scalp is red and there is violent itching of the parts at night. There are scales and itching in the axilla. It should be studied in these cases when they are characterized by marked gastro-intestinal fermentation, in which there is a continuous eructation, and passing of flatus. Associated with this there is often a frontal headache and diarrhœic stools that are attended with burning at the anus. There is more or less pain through the abdomen and especially at the splenic flexure of the colon. The quantity of urine secreted is much increased.

It is indicated in cases of incarcerated flatus, when this occurs in the region of the splenic flexure of the colon, although the whole gastro-intestinal tract is distended and the stools are liquid.

Dr. Souberbielle considered it a specific in cases of catarrhal jaundice. He macerated one drachm of the dry and powdered leaves in a sufficient quantity of white wine. This the patient took before breakfast.

Dr. Funke reports a case of malarial fever of the quartan type, for the relief of which quinine and all other remedies had been tried. An infusion of two drachms of the green envelope in six ounces of mint water was given once a day with prompt and positive results.

Professor Negrier employed it extensively in his hospital for scrofulous children. He used an infusion of the leaves locally to bathe the open sores and gave it internally with most positive results.

Saw Palmetto.

EDITOR MEDICAL COUNCIL:

Many cases of inflammation of the prostate gland, acute and chronic, also of bladder that seek relief, will fail to receive satisfactory results by the usual routine treatment. Often a physician is puzzled to know what to prescribe next.

In these cases I have used the saw palmetto preparations, combined with oil of sandalwood, though sometimes the saw palmetto alone has been employed. But it's necessary to obtain a reliable preparation of saw palmetto, and I prefer the oil to the fluid extract, as it readily combines with the oil of sandalwood and olive oil. Any physician can fill his capsules, as this is the best manner of administering the drug, with a drop tube, using a No. 0 or 00 capsule. The capsules are filled about two-thirds full. Slightly moisten the upper surface of lower (larger) section, then place on top, allow to stand awhile till the parts connect. Do not spill the oil over the outside of the lower section or you will have leakage. I mention this as a guide to those who supply their own medicines to patients.

The main trouble with saw palmetto preparations has been that many manufacturers employ inexperienced hands to gather the berries and obtain many that are either imperfect in growth, decayed or mouldy. None but carefully selected berries should be used. Dr. J. Marion Dixon, of Jacksonville, Fla., has called my attention to this matter, and I obtained some of the pure oil from him.

My experience with the oil of saw palmetto has been such as to advise physicians to look into this remedy. We have hundreds of drugs, but so few that we can depend on in the hour of need. Once, old Professor Gross, of Jefferson Medical College, said to the students: "Gentlemen, you had better have ten good reliable remedies that you *know* will carry you over in the hours of suffering, than to have hundreds whose value only lies in theory."

In the country districts physicians do not have all the appliances to work with like in or near the larger cities, and the doctor must select such remedies as will give relief, and thus endeavor to procure a curative action by his limited means of doing so. The buchu, uva ursi, and pareira brava have failed when my combination gives good results.

ELIAS WILDMAN, M.D.

Haddon Heights, N. J.

Treatment of Tachycardia.

H. V. Halbert, in the *Unique*, declares that the treatment of this condition, under our present knowledge, will bring absolute results. Heretofore we have placed too much stress upon the feature of rest, and too many patients have been sent to the rest cure without any remedial attention. The disease, however, will yield more satisfactorily to systematic and studied treatment, and we should attend to it primarily and regularly with our remedies. We observe a tachycardia so frequently in association with Graves' disease that naturally our remedies which apply in that disease are among the first to be used. This is a correct consideration, but it is equally related to neurasthenia, and therefore our treatment should look to this cause at the same time. Nerve cells are exhausted, and medicines which tend to restore the cell protoplasm will at once lessen the excitability of cardiac action, as the restored cells are able to regulate the innervations. This applies to the sympathetic cells, which are first concerned in the motor activity of the heart; the application is equally important as it pertains to the vagus. The control of this nerve, the action of which is to inhibit undue cardiac action, is extremely important when neurasthenia is a factor in the tachycardia.

Thus it is apparent that we have much more to think of in the treatment than the simple regulation of the heart excitability. In fact, we will never get perfect results if we ignore these two exciting causes.

When the tachycardia is due entirely to sympathetic loss of control we may get prompt results from such remedies as lycopus and fucus, but when there is a greater disturbance of the general nervous system we shall find a demand for a larger list of remedies which may be indicated. This is one of the more exacting features of our work, and will require much study on the part of the prescriber. In my experience there is no remedy which meets the symptoms more frequently than agaricin., and if we study this remedy carefully we shall find that it often applies to the disease. The author gives it in one-tenth grain doses four to six times daily, and for a long time. There are many remedies of associate value which cannot be overlooked, and among these are ignatia, hyoscyamus, gelsemium, the valerinate of ammonia and picric acid. Caffein valerinate, asafetida, cimicifuga and coffeea are too frequently overlooked. The paroxysms of the hysterical state may be greatly relieved by the use of moschus, nux moschata and pulsatilla.

When we treat tachycardia according to the peculiar symptoms which it presents we shall manage it in the proper way. As it is in itself a symptom, we must correct it by treating it as such. Usually there are some prominent indications which make this clear. If we try to suppress it by giving remedies which diminish the heart's activity we shall make a great mistake, and for that reason a cardiac tonic is a rare re-

quirement; the moment we discontinue such a remedy the heart will lose, and the object we seek will not be attained. When there is an absolute underlying cardiac lesion a cardiac tonic may be a safe adjuvant.

Tachycardia requires a long course of treatment, and the indicated remedy should not be discontinued until the heart resumes its normal activity. We must manage our patient as well as administer the remedy, and we must not lose sight of the underlying cause. Habits must be corrected, occupation must be controlled, and environment must sometimes be changed. The nervous system must be protected at all times, and if we fail to cure, it will be because we do not properly manage our patient.

Treatment of Arteriosclerosis.

Beverly Robinson (*New York Med. Jour.*) does not believe in the administration of digitalis or of iodides, especially if combined, in the treatment of arteriosclerosis. He considers that they do more harm than good, especially in patients past middle life. If a cardiac tonic or stimulant is required, strophanthus, caffeine, and nux vomica are preferable by far, and are not liable, in small or moderate doses, to do positive injury. They require also judicious watching and suppression at times, but not to the same degree as digitalis. To lessen supertension, where it is clearly indicated by reason of headache, fainting attacks, pallor, and general nervous irritability, sweet spirit of nitre in small or moderate doses, added to water, is the least injurious and most useful drug, not excepting nitroglycerin and the nitrites. The author lays great stress on diet, rest, fresh air, suitable baths and clothing, and avoidance of constipation.

Pulsatilla.

Acute and subacute forms of frontal sinusitis have yielded quickly to the action of pulsatilla. A lady suffered a month with frontal sinusitis, the antrum also being involved. Pain, redness and sensitiveness over the bones were intense. After a month of allopathic treatment, during which time anodynes were administered, the case was cured in three days with pulsatilla. The remedy was prescribed, not so much on its objective indications, as upon the natural affinity that pulsatilla has for the parts involved.—*Medical Century*.

Erlich's Defense of Salvarsan.

After reading Erlich's defense of his Salvarsan at the recent meeting of the German Society for the Advancement of Science—held at Carlsruhe (*Jour. A. M. A.*, Oct. 28)—one can hardly help believing that the very fundamentals of modern medicine are nothing but error, else how could any one advance the argument of Erlich's that in view

of the relatively small number of deaths caused by his drug compared to the number treated these "give no occasion for any serious objection." A *remedy* brings healing and health; injury and death are excluded; this was the old, and true, idea. Where it does not cure it does no harm. But the prevailing idea today among the majority, as it was among the old allopaths, seems to be that the patient is a battlefield and the severer the disease the severer the means that must be employed to rout it; if in this fight the patient is killed, or hopelessly crippled—so much the worse, it was unavoidable. This seems to be the fundamental idea in modern drugging as it was in old allopathy. Only the theory is changed; the works remaining essentially the same—fighting the wild beasts of disease with ferocious drugs.

We need not follow Erlich's defense throughout. Let one sample suffice. On the "numerous relapses" he says the Salvarsan has killed the greater number of the "spirochetes," but a few remain, and so "these few germs are placed under better life conditions because their competitors have been expelled." To some, so trained, this may appear to be rational, but there are others who look for the day to come when it will be classed among the curiosities of medical literature—the idea of the syphilitic animal flourishing when it has less competition. Erlich is a learned and able man, but starting from a wrong theory he ends in confusion. As a business proposition, however, it may be different.—Editorial from *Homoeopathic Recorder*.

Only Quotations.

The American Medical Association is not responsible for the bills recently introduced into the Senate; they were prepared by Senator Owen on his own initiative.—*Jour. A. M. A.*

The bill which I have introduced is in accordance with the earnest and repeated desires of the American Medical Association.—Senator Owen.

The American Medical Association is not a "Medical Trust."—*Jour. A. M. A.*, Oct. 14, 1911.

Under the present political régime the American Medical Association has developed into a medico-political and commercial trust.—*Dr. Lydston, member of A. M. A.*

We are indebted to Dewey, *Medical Century*, for the foregoing quotations.

Book Reviews

DR. CHARLES E. DE M. SAJOUS,

SUPERVISING EDITOR OF THE NEW YORK MEDICAL JOURNAL.

We have the honor to announce that beginning with issue of December 9, 1911, Dr. Charles E. de M. Sajous, of Philadelphia, becomes the supervising editor of the *New York Medical Journal*. While Doctor Sajous will give up his private visiting practice, he will continue his work as a consulting physician, investigator, teacher, and author, and thus be in a position to keep in the closest touch with the needs of the medical profession.

Though born under the American flag, Doctor Sajous received his preliminary education in France. He studied medicine in Philadelphia, graduating with honors from the Jefferson Medical College in 1878. He served for two years as resident physician in the Howard Hospital, and in 1881 was appointed professor of anatomy and physiology in the Wagner Institute of Science, lecturer in the Philadelphia School of Anatomy, and clinical assistant in the laryngological department of Jefferson Medical College, succeeding Dr. J. Solis-Cohen, in 1883, as clinical lecturer and chief of that department. In 1891 Doctor Sajous went to Paris, where he devoted six years to original research. Upon his return he was appointed Dean of the Medico-Chirurgical College. At the recent reorganization of the medical department of Temple University Doctor Sajous accepted the chair of pharmacology and therapeutics, which he still holds.

The immediate outcome of Doctor Sajous's six years of research work in Paris was the publication of two volumes on *Internal Secretions and the Principles of Medicine*, a work which gave the author high standing as an original investigator.

Doctor Sajous has had a wide editorial experience, having founded in 1888 the *Annual of the Universal Medical Sciences*, which he conducted with the collaboration of some of the most eminent physicians in America and Europe, until the publication was abandoned in 1893. The *Annual* had a circulation of over 500,000 volumes and the *Cyclopaedia of Practical Medicine*, founded by Doctor Sajous in 1898, to succeed the *Annual*, and intended more particularly for the general practitioner, has attained a circulation of 240,000 volumes, the seventh edition being now in course of preparation.

The value of Doctor Sajous's services to medical science has been recognized in France by his being made a member of the Legion of Honor, while in Belgium he received the order of Leopold and was made a Knight Commander of the Liberator, besides receiving other

titles, both governmental and scientific. In America Doctor Sajous has been president and vice-president of many societies and is a fellow of the College of Physicians of Philadelphia, and of the American Philosophical Society. He brings to bear on the editorial problems of the *New York Medical Journal* a brilliant and well informed mind, wide experience, and a thorough knowledge of the needs of the American physician.

The publishers of the *New York Medical Journal* feel that they as well as its readers are to be congratulated upon having obtained the services of Doctor Sajous. Comprehensive and well directed plans have been formulated for enhancing the value and interest of the *New York Medical Journal*, and in carrying out these plans no pains or expense will be spared to give to our readers a medical journal of unprecedented authority and interest.

A Distinctive Piece of Literature.

"Here is something different." This is apt to be the first thought of the physician upon breaking the wrapper of Parke, Davis & Co.'s new brochure on bacterial vaccines and tuberculins. And the external appearance of the book is in no wise misleading. The "difference" applies to the printed page as well as to the handsome cover in artistically blended browns and gold. The brochure contains forty-eight pages, in addition to the cover, and thirteen full-page engravings in colors.

The work is divided into three parts or sections. Some of the subjects considered in the first section are: "What Is the Difference Between Bacterial Vaccines (Bacterins), Serums and Toxins?" "How Are Bacterial Vaccines Prepared?" "Therapeutic Action of Bacterial Vaccines"; "When Should Serums Be Used, and When Bacterial Vaccines?" The second section treats of the origin and nature of the bacterins, the relative merits of "stock" and "autogenous" vaccines, the opsonic index, and the best method of using the bacterins, together with a description of each vaccine, including references to preparation, therapeutics and dose. The third section is devoted to a consideration of the tuberculins, with dilution and dose tables, descriptions and illustrations of the various diagnostic tests, etc.

Briefly stated, the booklet is a concise review of the essential facts relating to bacterial-vaccine therapy, containing precisely what the seeker after this kind of information wants. It is not padded with clinical reports—in fact, it contains none. We understand that Parke, Davis & Co. will be pleased to send a copy of this unique and valuable brochure to any physician requesting it. Address them at their home offices, Detroit, Mich., specifying the "new booklet on bacterial vaccines," and mention this journal.

Items.

Dr. Herman Lewin died on Thursday of heart disease at his home, 121 East 121st Street. A graduate of the Eclectic Medical College, he was official physician to the Letter Carriers' Association of this city.

The annual meeting of the Kings County Eclectic Medical Society will take place on February the 12th, 9 p. m., at the Hof Brau House, 588 Fulton Street, Brooklyn. The essayists for the evening are Dr. J. T. Sibley, on "The Principles of Psychotherapy," and Dr. L. L. Lanzer, on "The Formation of Gall Stones." The election of officers and the usual banquet will follow. All eclectic physicians, members and visitors will be made welcome.

Dr. H. Harris has opened branch offices at 565 West 139th Street.

REDUCING SUSCEPTIBILITY TO "COLDS."

The annoyance of colds that follow atmospheric changes, even of a mild degree, impress the susceptible individual with the need of improving his bodily vigor so that he will be better able to resist them, and he frequently comes to his medical attendant in search of measures that will accomplish this. Many employ the Cordial of the Extract of Cod Liver Oil Compound (Hagee) for this purpose, owing to its well-known power to add strength and resistance to the lining membranes of the respiratory organs, thus enabling them the better to combat microbic attacks. In inflammations of these organs Cord. Ext. Ol. Morrhuae Comp. (Hagee) has power to be of the utmost service, as it has, also, in their prevention.

Dr. P. Marlowe has removed to 1554 Minford Place.

Entertainment and dance of the Manhattan Visiting and Instructive Nurses' Association will be held in the new grand ballroom at Healy's, February 5. A good time is assured.

Get busy on your subscription.

Dr. Charles B. Graf has removed to 57 St. Marks Place.

Are you trying for the State Society prize? An easy fifty for somebody.

The National which meets in Washington this year will have its headquarters at the Arlington Hotel.

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THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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No. 2.

State Meeting.

The influence exerted by this powerful medico political octopus, whose head is in a certain town out west, but whose long fingers are spreading all over the states of this country, an influence which seeks to crush every free medical thought, an influence which seeks to obliterate every independent medical school, an influence which seeks to compel you to treat the sick with remedies having the approval of the august, holy of holiest council, an influence which will try hard to force state medicine down the people's throat. This influence can be offset in only one way: "by a thorough organization of the eclectic physicians in this as well as in other states." Do you believe in such an organization? It is for your own interests, the Eclectic State Society should be the strong, fighting body of our school. Are you doing your share towards making the Eclectic Medical Society of the State of New York a power?

The coming meeting of the Eclectic Medical Society of the State of New York, which takes place at Albany, March 27-28, should be attended by you. All members should be present. Make your preparations now. Do not miss this next meeting, if you want to offset the pernicious influence of our enemies.

A.

Hints and Winnings.

There never has been a time during the existence of the Eclectic school of medicine when thorough organization and active work were more urgently demanded than they are at the present time, for our rights are constantly being assailed by large and powerful bodies of men who do not hesitate to employ the most unscrupulous means in order to accomplish their own selfish ends. Associations of druggists, aided by medical politicians, under the pretense of protecting the people, are still endeavoring to secure the passage of laws in all of the States making it unlawful for any person who is not a graduated druggist to dispense medicines to the sick, and thus ruin the practice of the greater number of the members of our school. We must continually oppose these attempts, as well as all other unjust legislation, and in order to suc-

cessfully do so we must keep thoroughly organized, and conduct our efforts in a wise and conservative manner. Radical denunciation of all medical laws will do much more harm than good. Certain medical laws will be enacted, whether they meet with our approval or our disapproval. What we want and have a right to demand is that all laws in regard to health, disease and medicine shall guarantee, in words that cannot be misconstrued, equal rights and privileges to the several regular schools of medicine.

Adams-Stokes heart disease is not always readily recognized, even when great diagnostic care is exercised. The following case, reported by Dr. L. F. Bishop, in the *Journal of Medical Sciences*, may not, therefore, prove devoid of interest and profit.

The patient, a man of seventy-five years, had previously possessed apparent good health, with the exception of attacks of muscular rheumatism. The attack of heart disease began one night while in bed, when he felt as though he was whirled around. He had a great buzzing in his ears, especially in his right one, in which he had been growing gradually deaf. After that he had three similar attacks. He then consulted a doctor, complaining chiefly of these attacks and feeling weak. The attacks with vertigo came on without premonition, and between them he felt perfectly well, excepting that he was weak. A physical examination showed that the patient was fairly well developed, but poorly nourished. He was able to answer questions perfectly, and gave a clear account of his symptoms. The heart apex was in the fifth space, three and a half inches from the median line. The heart was regular in action, except for occasional differences in the interval between the beats, and there were no murmurs. Above the right clavicle venous pulsations were visible, two or three times more frequent than the apex beat. The eyes reacted to light and accommodation. The tongue was protruded straight, and was deeply coated. The liver was enlarged. The extremities were negative, except that the knee-jerk was not obtained. No further physical signs could be discovered. The radial artery was not thickened, even to the degree that would be expected in a man of the patient's age. There was no albumin or sugar in the urine, and its specific gravity was 1020 to 1024. The symptoms were believed to represent the features of a typical case of Adams-Stokes disease. Syncopal attacks occurred daily, and sometimes several times during the day. The patient was under observation for nine days, and at the end of that time he became delirious. In the morning his pulse dropped to 20, his respirations rose to 28, his temperature fell to 96°, and he died suddenly. A *post-mortem* examination was made and a calcareous nodule found precisely in the path of the bundle of His. The nodule was evidently the cause of the complete heart-block observed during life.

The REVIEW was the first eclectic journal to give a full description of salvarsan (606), and it was among the first journals to warn the

medical profession against the dangerous character of the then enthusiastically received remedy "made in Germany." The warning then given has since been fully justified.

In a recent issue of the American edition of the *Progrès Médicale*, attention was called to the serious damages to the auditory apparatus that may follow the use of 606. These may appear several days after the injection, or their appearance may be delayed for a period of several months or more. The intravenous injections are responsible for the earlier manifestation of the trouble, and the intramuscular injections for the disturbances occurring later. The latter are the most frequent, and from that point of view the intramuscular method is the most dangerous. The auditory nerve may be affected alone, or with the other cranial nerves. The writer of the article referred to quotes another article of a French author in which it is shown that out of 126 cases the auditory nerve was attacked alone on 51 occasions. In eight cases it was associated with the facial nerve, and in 15 cases the auditory trouble was bilateral. Of the 51 cases quoted, in 17 both branches of the nerve were affected; that is to say, both deafness and affections of the semi-circular canals resulted. On 29 occasions the cochlear branch was attacked, and on five the vestibular. This latter is very rare in syphilis without arsenical treatment. As a rule the premonitory symptoms are headache, buzzing sounds in the head and vertigo. Deafness more or less absolute follows. Middle ear lesions are common. Early paralysis is likely to occur.

Early in last September typhoid fever broke out in Torrington, Conn., the cause of which has been traced to an infected water supply. In this town of about 17,000 inhabitants, 227 cases were reported in September, 54 in October and five in November, making a total of 286 cases, with 29 deaths, not including cases infected there and taken sick elsewhere. Of the 59 cases taken sick in October and November nearly, if not all, were secondary cases. At the onset of the epidemic some of the physicians advocated typhoid vaccination, and between three and four hundred inoculations were made. The cases were all carefully selected and no inoculations were given to persons with fever or any indications of ill health. The usual history of the condition resulting from vaccination was a slight chill and a rise of temperature (99° to 100°), with indefinite aches in the back and limbs for about twelve hours, and local swelling and soreness at the site of inoculation. Some had no reaction whatever, and only in a few cases were the individuals indisposed for two or three days. The inoculations were given ten days apart. No cases of typhoid occurred among the vaccinated except one man who developed the fever after his second inoculation and ran a mild and very short case of typhoid. Forty-four of the eighty nurses were vaccinated; the others refused it. Two cases developed among the unvaccinated nurses. The foregoing is gleaned from the report of the State Board of Health. Echinacea was em-

ployed in a large number of cases with good success. Dr. T. S. Hodge, who used echinacea in full and frequently repeated doses, reports that all of his cases made good recoveries.

There are eclectics who fail to recognize the fact that the possession of equal rights with the dominant school which they enjoy today is in nowise due to their efforts, and that such possession is solely a result of the persistent work of eclectic colleges, eclectic societies and eclectic journals. I do not believe, doctor, that *you* are to be classed with this number, but is it not possible that you have allowed yourself to become a little too inactive in your support of eclectic societies and eclectic journals?

This is the time when we may see many cases of pneumonia—a disease which can be easily, pleasantly and successfully treated, if one chooses to exercise thought and not mix the modern with the old fashioned treatment. Don't get rattled nor let the hypodermic lobelia "bug" get the better of your common sense. Stick to rational specific medication. Select your sedatives—aconite, ferrum phos. or veratrum—according to the specific indications. A second or third remedy will usually be found necessary—baptisia, bryonia, gelsemium, ipecac, kali mur, or rhus tox—selected according to indications. These remedies have a wide field of action, and if carefully studied and skilfully applied, with compound lobelia powder locally, will cure nearly all curable cases of pneumonia. Treat the patient, not the name of the disease.

FYFE.

Medical Freedom.

I notice an anonymous article in the January REVIEW, entitled "From an Advocate of Medical Freedom." I am sorry the writer did not sign his name so that I might commend him. However, I can say amen with all the good old Methodist intonation possible.

The editor of the *Jama* (J. A. M. A.) may secretly hope the wool has been pulled so thoroughly over the eyes of us that we can not see the stick of dynamite he is holding behind his back, and that "the fears of *honest* but *misguided* opponents will be quieted, and only the selfish and mercenary can object to the passage of the Owen Bill;" but let me assure him and his pals that the texture of the wool is so thin that we can see a little daylight through it. The sly old fox may believe that the silly old hen takes him for a harmless house-dog, but, after having her tail feathers plucked, she is a bit skittish about animals, and the fox will have to show her he has submitted to complete extraction of his masticators.

These *Jama* gentlemen are great sophists: very eloquent in philosophy and "politics" like their Greek prototypes; and, like the latter,

have puzzled enquirers after truth; weakened the faith of the people and have drawn upon themselves general hatred and contempt. We are "onto them." These are the same fellows who have been patting eclectics and homeopaths on the back while putting the dynamite under to blow them up. This is the same crowd which has made some of us believe we would *improve* our standing and *prestige* (that's a good word, isn't it?), by shouting ourselves hoarse about *composite* boards of examiners. Composite, that is another fine term. It belongs to the order *Compositae*, a large family of dicotyledonous plants having their flowers arranged in *dense* heads. Yes, that's it, our *Jama* friends take us for a dicotyledon with a dense head. It is to laugh! Yes, the time was when some of us had *very* dense heads, so dense that we could not see a cannon pointed directly at us; but times are changed. The enemy is in the open; no longer hid behind the protecting wall of unctuous pretense, and their only defense at the present time consists in misrepresentation and abuse. They have been digging a pit for twenty-five years into which they expected all to fall who opposed them. While they have had their pickets out distributing *honey*, the spade was kept busy digging the hole. But it seems to me that somewhere in the Sacred Volume it is said: "He that diggeth a pit shall fall into it." And again: "He that rolleth a stone, it will return upon him." Well the pit is yawning; the hand that holds the spade trembles and the stone is returning. Sly fellows these, but they failed to observe all the signs of the times. When they thought the time ripe to secure a strangle hold upon the necks of the people, the Public Health Bureau idea was sprung and they believed that at one fell stroke every opposition to their domination would be swept away, but the devil though loosed for a season shall be chained again and the chain that shall confine the dogma of allopathy to its proper limits is being forged and the *Jama* realizes it.

Let me say to our unknown friend that *The National League for Medical Freedom* is wide awake and alive to every danger. It is ever-watchful and alert. It has a membership of about 300,000 active liberty-loving people of every shade of belief, but united upon one grand principle—*Freedom to employ the physician of our choice; forever opposed to COMPULSORY MEDICATION* of any kind; or the forcible inspection or examination of school children. It is carrying on a vigorous campaign of education of the people to the danger which threatens them notwithstanding the plausible arguments of the selfish interests, which, in order to aid in carrying forward the ulterior aims they have in view, are carrying on a propaganda of fear in the minds of the American people.

STEPHENS.

Lyman Watkins, M.D.

Lyman Watkins was born in Blanchester, Clinton County, Ohio, May 1, 1854, and died January 21, 1912, of diabetes. His father was Dr. Jonas Watkins, who became converted to eclecticism early in his career.

Dr. Watkins attended the Ohio Wesleyan University at Delaware, and graduated from the Eclectic Medical Institute in 1877. He has been president of the Ohio, Cincinnati and Southwestern Medical societies, and an active member and attendant at the National.

For twenty-one years he was an active member of the faculty of his Alma Mater, holding the chair of physiology. In 1895 he wrote a compendium of the practice of medicine. In religion he was a Universalist and in fraternal circles a 32° Mason and a Knight of Pythias.

He was a very companionable man and popular with both physicians and students.

His happy disposition in teaching and medical conventions made his work fruitful. He was quick in debate and sound in judgment. His society and journal contributions were above the average and much sought after.

In 1877 he married Lida Baldwin, and had three children, two of whom, with his widow, survive him, Anna C., and his son, Raymond, who graduated from the E. M. College in 1911.

Dr. Watkins was a strong character and will be much missed in eclectic circles.

Original Articles**Infantile Spinal Paralysis.**

BY G. H. KITCHEN, M.D.

Read before the New Jersey State Eclectic Medical Society, Dec. 13, 1910.

I will endeavor to give a brief paper on Infantile Spinal Paralysis. It is a paralysis chiefly of the limbs and trunk, varying in distribution and extent, acute in onset, followed by recovery of some of the parts involved, while in others it may persist. There is rapid wasting of muscles, and the electrical reactions point to degeneration. This, we are told, is due to inflammation of the anterior gray matter of the spinal cord.

The disease is most common in children during the first five years of life; three-fifths of the cases occur in the first three years, hence this disease is often known under this name. Hereditary influences share but little in its causation. The seasons have a marked influence in producing it; 75% of the cases occur during the hottest third of the year. Exposure to cold is often followed by this disease, as, for instance, an unaccustomed cold bath in hot weather or exposure to a draught when

one is overheated. The first symptoms of the malady show themselves usually within 48 hours after exposure. Occasionally it succeeds a fall after an interval of a few days.

Symptoms: At the onset of the affliction there are commonly symptoms of two classes: First, the paralysis already mentioned, and, second, indications of general illness which precede the paralysis and are apparently the result of a morbid state of the blood; these indications are malaise, pyrexia, vomiting, headache, and rarely general convulsions such as may attend any acute disorder in early life. These conditions vary much in severity and duration; they may be severe and last for days before the loss of motor power sets in, or they may be so slight as to be often unnoticed. When severe, there is so much prostration present that this may mask the onset of the paralysis; it may be mistaken for a general weakness due to the acute disease, or, as is often thought, to severe gastric derangement. Then, again, the paralysis may be discovered only upon the return of strength. Pain in the limbs is frequent as a symptom, and the tenderness of the nerves is so pronounced as to justify the co-existence of disseminated neuritis. The pain in the limbs and the nerve tenderness usually pass away in the course of a few days, but do sometimes continue for weeks, and even passive movements will give great pain. The paralysis is a motor paralysis only. When sensation is impaired at the same time, there is always incontinence of urine; but this may be met with when motor paralysis only exists.

Other diseases, not of the nervous system, that may be mistaken for infantile paralysis, are such as are accompanied with pain upon muscular movement, as hip-joint disease, acute necrosis of bones (femur or humerus), or the affection known as scorbutic rickets.

A careful examination usually suffices that it is pain alone preventing movement. The preservation of the knee-jerk is often of great significance when the legs are moved. Whether the case is one of anterior polio-myelitis or one of nephritis is for the physician to decide. Let us diagnose for ourselves and treat the case as you would nephritis; but do not treat acute inflammation of the anterior horns of the gray matter, as doing so is, in my estimation, the cause of our not finding a cure.

Washington, N. J.

Nature, Science and Medicine.

BY G. CURSON YOUNG, M.D.

Throughout all the ages since life was given to man, it seems as if almost as much energy had been spent to destroy life, as has been applied to preserve it: so often unwittingly to destroy, and so often mentally and physically laborious to preserve.

There is a principle involved in all scientific efforts to preserve human life, although not always recognized even by thinking men.

Nature, and the mediator of nature—the physician—in times of disease invasion, and the physician, can only influence nature according to her own laws. For, the origin and special causes of disease are, even at this late period, too deep and hidden for most men to penetrate. Nature has a method of her own to overcome her foes and often succeeds where art kills.

An acute mind assisted by the experience of many years' practice may more especially be gifted in the healing of diseased bodies if combining their experience with that of others prepares them for such employment. But in that case, if there is no careful selection, what you may learn from others or from books may lead into many errors where new sources of information were expected to give great advantage. I have read many books on medicines and articles in journals that afterwards have caused me to not only regret the waste of time, but the ignorance manifested and errors endorsed have lived with me to torment for many days.

Hippocrates, the Romulus of physicians, only spoke the language of nature. In ancient times he did not meet his equal in the art of healing, and in the modern times much will depend upon facts alone. While the doctrines, fads and theories of the present-day practice by many physicians are merely speculative and abortive, they need no longer—indeed, they must not—pay homage to all sorts of whims, but rather allow art to spring forth upon the stage of nature, supported by science and reason.

Nature, in her efforts to eliminate elements unfriendly to health, shows it nowhere, and at no time, more complete than in exanthematic diseases, when all her efforts are used to expel the unfriendly poison from her internal organism, and when the enemy is too stubborn, and resists nature's efforts, we assist her by hot packs and steam baths, accompanied with sudorific internal medicine such as aconite, asclepias tub, dovers powder, pilocarpine, capsicum and myrrh. The best of all is capsicum, *pinus canadensis*, *myrica cerifera*, *caryophyllus avornaticus*, *zingiber officinale*. This compound is well known to all eclectics.

In our day we are progressive, and we see that which at the present time distinguishes the doctrines from the incompleteness of past times. We have only to thank the experimental philosophy of our age. However, the more the isolated work of some is raised to a general usefulness, the more it will be necessary to direct our endeavors in the best possible way of obtaining a complete certainty in the art of healing. In this way only will our doctrine (eclectic) be able to cast off those preconceived opinions which are intermixed with our powers of reason from past times, and which are the original sources of most of our errors; but our doctrine also will come forth from a minor and crude condition, as one full of philosophy.

It is not always fair to oppose the doctrines of the past by those of the present. On the contrary, both should be combined as much as possible, for what could be more absurd if authors, agreeing on the main points, should argue about them on account of their diversity of expressions. The very passion in coining new words impedes the successful progress of one who has had but little experience in the practice of medicine. This ambiguity will make him unsafe and distrustful, not knowing where to stop, and the continual doubt as to where to apply for instruction for the treatment of disease, he hesitates and is frequently deceived by a glow of truth or possibility.

To a patient it may be a matter of little difference whether you call the symptoms of a disease, and the fundamental principles of the living organism, according to another school, by names which sound most barbaric to his ear, if you only know and adopt the truest method of healing: if your words are followed only by the deed, and success crown your endeavors. However, nothing will detract the mind more from a true knowledge of disease than an unlimited range in speculating and disputing, of which the doctors of *Arabia*, even in their practical medicines, were so fond. The later *Gallileans* were no better, and preferred the empty artfulness of a *dialectic* to a pleasant and larger field of nature, where a free genius might better display itself. Having been too long engaged and too closely confined in their habits, they never looked out for new discoveries. From the time of Galen, when rheumatism was torturing the people to almost madness in Europe; in China, Japan and some other nations where *rice* formed the staple diet, rheumatism was almost unknown, and yet Galen or any of his successors ever discovered that it was the *lactic acid* in the rice which caused the rice eaters to be immune against rheumatism.

Botany, materia medica and *therapeutics* were not the production of human reason, but the offspring of time, and came into existence by long and laborious experience. These sciences may be properly compared with a man who knows, views and explains the different kinds of disease from that point, which for a long time he observed, and which he noted as its results. He will not apply his remedies according to a plausible hypothesis, but will use that which is proved and dictated by science, experience, and advanced teaching: thus only he will pursue an imperishable art of healing.

However, this kind of healing science, if compared with boasting presumption, pomp, or greatness of the hypothetic may appear, perhaps, inferior, insignificant and despicable; but in the other sciences there is as great benefit—no life—only an extraordinary abundance of branches and leaves. Science may also drive into leaves only, without producing any fruit. One will often meet with very light heads, who know so very much, beautiful, maybe, to look at, but will fade away immediately as soon as the charm of novelty is lost, and in no age has this been more apparent in therapeutics than the present.

The true science of medicine does not depend on any fiction, national association or national health boards; it does not boast, nor is it full of self-conceit, but one which only aims at a true, earnest and lasting fame, which is merited by a true method of healing the sick—one which seeks not to exist alone by legislative enactments, or by making a show by numbers and wealth, but by prolonging lives healing the sick and making human life joyous.

Science, so-called, which relies too much upon speculation as in medicine and surgery, at the present time by no means belongs to the sciences of healing, but it relies only upon men of a clear insight, and an unselfish devotion, guided by well-seasoned discretion. Science and art consists of objects which are well known and penetrated, and of such directions which have nothing in common with opinion. Science and art fix safe principles, which range like the parts of a chain and will guard against error: for, how can there be greater uncertainty than hypothesis, in which at the present time, by a faction of the medical profession, we find genius displayed. Can there be any other object than mere conjecture attributed to them, by which we are often misled by the similarity of a case to quite a different and oftentimes a contrary conclusion? The highest excellence of science which is the work of a diligent, exact and acute inquiry, is not based upon human wit; but it is that wisdom rather which is derived from the various works of the learned of all ages, and may therefore be called the entirety of the united intellect of many. To some this mode of reasoning may not be of that practical sort which is called *practical*. If the right application of correct conclusions are applied, the results must be satisfying, and the great need of the medical profession today is *reason*. Take a little time to reason and you will avoid so much guesswork, which is poisoning the minds of the people against the profession.

In physic we have more than enough adhered to a witty guesswork. Nature rules free, and in a wider and larger degree, than to suffer certain limits, or be confined within the narrowness of the unthinking and untrained human intellect.

The origin, progress and everything else in medicine that rests upon a safe basis were chiefly founded upon observation, but how can one observe except he possesses either the native or acquired talent in the highest degree possible to man.

There are two poles in medicine, which are reason and observation, the latter of which is the thread for the direction of physicians and their reasonable conclusions. Every disease has its fixed nature, and not one which is imagined, but rather a peculiar one; equally fixed and peculiar is its origin and development. This law is well set forth in *measles, parotitis, scarlatina, smallpox, typhoid fever, erysipelas, impetigo, idiocy* and many other morbid conditions. Why is the eruption *not* all'e in all exanthematous diseases? Why did the convulsions of

the earth produce such a variety in crystal colors? Why is *not* the *jasper*, the *sapphire*, *chalcedony*, *emerald*, *sardonyx*, *chrysolite*, *beryl*, *topaz*, *jacinth*, *amethyst*, and many other products of high temperature, all alike in color and distribution of color? Do you see any analogy? The mysteries of nature are manifold, but if man will apply his intellectual powers of reason, he will find all is union and harmony in the kingdoms of creation, and a concordant analogy in the inorganic and organic progression through all the circuit.

Washington, New Jersey.

Errors of Refraction and Their Effects Upon the Nervous System.

G. E. HOLMBERG, M.D.

Mr. President and members of the Eclectic Medical Society of the State of New York: In looking over the field of ophthalmology, from which I was to select my subject for this paper, I was impressed with the many phases of this branch of medical science, and hesitated as to what particular phase to select for presentation that would be of some interest and perhaps practical use to the men and women present at this gathering.

What I will have to say to you under the title "Errors of Refraction and Their Effects upon the Nervous System," will be an endeavor to throw some new light upon, or make more clear, perhaps, old truths of this important subject.

Some one has said that "The eye is the window of the soul," and to us as physicians and especially to the eye specialist, or oculist, it is the most interesting part of the marvelous system of organs of which the human body is composed. Dr. Walker, in an article in the latest issue of "Ellingwood's Therapeutist," calls the eye the "visual inch" and warns us to approach this mystic temple of sight with light steps, for we are treading on holy ground. To this thought we readily accede, especially if we stop to consider the functional and pathological conditions which this wonderful organ reveals. But if we look at the eye from an optical standpoint and liken it unto a camera with a series of refracting surfaces, the cornea and crystalline lens, and a small opening, the pupil, to admit light, with a sensitized substance, the retina, on which objects are reproduced, a similarity exists. But the eye is not a plaything in life; it is of life itself; its extrinsic action being subject to many changes that are brought about by nervous impulses in the accomplishment of vision.

However, vision does not reside in the eye; nor can it be said to reside in the brain; the eye and brain are but necessary physical accessories to vision; for without them the psychological phenomena, which we call vision, or sight, the mind picture of external things, could not be formed. Perfect vision is possible only when images of objects are reproduced upon the retina, or, in other words, we see not the objects

themselves, but their images. These images are produced by the action of light and the eye's refractive or dioptric systems.

If the refracting systems or the anatomical structure of the eyes are accurate, or can be made so by physiological changes through the nervous system, a clear image is formed; and, provided the nervous connection between retina and brain is normal, the visual centres performing their functions rightly, perfect vision is the result. However, should the eyes be abnormal, or their dioptric system in any sense affected, and if the eyes cannot physiologically adjust themselves to the formation of perfect images upon the retina, the mind picture will not be any better than the retinal image which in such a case will be dim and imperfect.

Having briefly considered how vision is accomplished, let us now note to what extent abnormally constructed eyes relate themselves to nervous disorders. As physicians you are familiar with the anatomy of the eye and its nervous system, both motor and sensory; hence I will not rehearse them, but will ask you to fall in line with the accepted theories of a host of physicians, that the waste of nerve energy through any organ upsets the equilibrium of health, and bodily discomfort is the result. For sake of illustration—we all know that the ability of a motor car to climb hills and overcome the force of gravity depends upon the motor power its engines generate, and the distribution of this power rightly applied. If any misdirected energy or leakage appears, the climbing capacity is diminished. So in man, the gray matter in the brain is the great storehouse from which nerve force emanates, and its right distribution to different organs, normally constructed, causes perfect equilibrium, or health. But suppose some of the nerve force is drawn off, or an excess is used by an organ not normally constructed to enable it to perform its functions, then there is a disturbance of equilibrium, and ill health follows. So, considering the close proximity of the eye to the brain, its complex nervous system, the size of the visual centres, which are the most sensitive and the most constantly taxed, is it any wonder that eyes which are ametropic produce more reflex disturbances than any other organ, and that physicians and oculists everywhere attest that certain forms of headache, chorea, dizziness, and some forms of paralysis are due to ocular reflexes produced by eye strain?

In hypermetropia, for instance, or that condition of the eye in which the refractive power is too weak, or the antero-posterior axis too short, perfect vision can only be accomplished by an excess of nerve force acting upon the ciliary body and thus becomes a source through which nerve force is wasted; many reflex troubles may then arise, which are quickly overcome and cured when proper glasses are used.

Myopia, or near sight, is another eye defect; the eye's axis here is longer than in a normal eye, or its refractive power is too strong. The

tendency of myopia is to constantly progress, and if not corrected will terminate in blindness. Much could be said in regard to this difficulty and the dangers which accompany it, especially when of a high degree. Pain and fatigue with photophobia, floating specks, or fixed scotoma, are the symptoms. The acuity of vision is low and muscular spasms of the ciliary muscles complicate this disorder. Accommodation and convergence are also interfered with, which produces reflex nervous symptoms. A careful consideration of this condition shows the necessity of a most thorough examination by an oculist who is familiar with the ophthalmoscope, so that the proper glasses may be provided and instruction given how to properly care for the eyes thus affected.

Astigmatism is still another and more distress-producing abnormal condition of the eyes, due to an irregularity of the curvature of the cornea, or crystalline lens producing an indistinct retinal image. There are many varieties of astigmatism. It complicates many cases of hypermetropia and still more of myopia. Headache is a very prominent symptom and may be frontal or occipital, or nervousness attended with nausea, or a headache for which the patient has tried all sorts of remedies with only temporary relief. Nothing is permanently cured, because nothing removed the cause. Reflex nervous symptoms are those of severe backache, great weariness on slight exertion, or while sight-seeing, or witnessing a theatrical performance. The position of the head is always tilted to one or the other side. But the skill of an ophthalmic surgeon, or oculist, and the proper glasses prescribed which should be worn constantly is what is needed. Thus relief is obtained from the very first, and the long list of nervous disorders will diminish because the leak through which nerve force was wasted is closed.

Anisometropia is a defect of the eye that causes no little trouble. It is a difference in the refractive condition of the eyes. One eye may be emetropic, while the other is hypermetropic, or myopic; or one may be more myopic, hypermetropic or astigmatic than the other, thus causing images of different sizes to be formed on the retinae, and interfering with both accommodation and convergence, causing much distress, especially in persons of lowered vitality. A thorough knowledge of refraction is necessary in the application of lenses for this particular difficulty to bring about the happiest results.

To what has already been said with reference to the refractive condition of the eye may be briefly added the reflex troubles which arise from muscular insufficiency, or heterophoria, usually accompanying refractive errors, due to a lack of balance of a set of opposing muscles of the eyes caused by anatomical errors, weakness, or inability of one of the muscles to compete with its opponent. Heterophoria comprises exophoria, or a tendency of the eyes to diverge from parallelism; esophoria, or the tendency of the eyes to converge; hyperphoria, or the turning of the eye upward, or the tendency thereto; cataphoria, or the turning downward of one eye, and, lastly, cyclophoria, or the tendency

of one eye, or both, to be abnormally rotated on its axis, either out, or in. All these forms of heterophoria produce disturbance of the nervous system of a very marked character. Insanity, epilepsy, neuralgia of head, excessive nervousness, nervous prostration, asthma, diabetes, spinal affections, stammering, deafness are disorders caused or much aggravated by existing heterophoria; but they have been relieved and cured by the application of proper glasses aided by specific medication. The glasses employed under these conditions are prisms, or an operation, tenotomy, is performed upon the too short or too long ocular muscles as the case may be, thus establishing perfect muscular balance, giving to the eye the normal poise and cutting off the short circuit through which nerve force was lost to the detriment of other organs.

In view of what I have endeavored to say, based upon personal experience and the careful and conscientious investigation by Doctors Gould, St. John de Rosa, Emerson, Knapp and our own Dr. Herzog, and a host of others in this field of medical science, you can judge of the importance of ophthalmology and the necessity for the general practitioner to have a better knowledge of the truths as presented in this paper, that they may know how to care for, or cause to be cared for, a class of patients whom other therapeutic means do not relieve or cure, as the disturbing element is that of eye strain with its many reflexes.

New York City.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

The influence of nickel sulphate in nervous diseases is well worth studying. It is fully up to arsenic in its efficiency and lacks all the disagreeable disturbances of arsenicalism. In cases of chorea, remarkably good results can be obtained from nickel in a comparatively short time, and some of the worst cases of migraine have subsided under its treatment. Nickel opens a wide range of application and utility, and it is worth experimenting with.

In looking over a medical paper the other day, published out West somewhere, I find some writer recommending the use of bromides in sexual neurasthenia, with the advice to push the bromides till bromism is produced! I wonder if our old school friends will ever learn how to treat these cases? Specific salix nigra in sexual neurasthenia gives such markedly good results, it relieves the hyperesthesia quickly. Specific lupulin and specific belladonna are often indicated, and in the atonic stages, saw palmetto should not be forgotten.

H. Addington Bruce in *The Outlook* makes this remark: "By suggestion is meant nothing more than implanting of an idea so skilfully

in another's mind that it disarms opposing ideas and tends to realize itself in action."

Whatever you do, do not forget the State meeting at Albany. Make your arrangements now so you can get away for a couple of days. A little recreation away from office and practice will do you good. Let us all get together at the Albany meeting. Let us meet our up-State brothers. There are a lot of things to talk over, to think over and we will benefit by it.

Pearson compares convulsions to the boiling over of a kettle; they are produced and can be prevented in the same way. For the control of the condition he recommends the cold bath or cold pack. In some cases quite some improvement as to nervous symptoms wrought by the use of cold in the treatment of a pyrexia in children.

Deplopia of tabes will sometimes call for special treatment by means of training exercises. To treat optic neuritis by means of mercury can certainly be regretted. Utmost care must be exercised in its use, and the condition of the nerve head must be constantly watched.

The hysteria of childhood is far from being uncommon. The symptoms do not differ much from those seen in the adult. Innumerable analgesias, narrowing of the visual field, loss of some reflexes (conjunctival and deglutitory) have been found. Some single symptoms such as nervous tics, torticollis or ptosis will often stand out in bold relief. Hallucinations may occasionally attend the neurosis.

The urine in idiocy and in imbecility shows nothing unusual. Oxaluria, and an excess of uric acid are found sometimes, but albumin and casts do not seem to be more commonly present than in those better off mentally.

The cardinal symptoms of wild periodic mania are three in number: Facility and ready flow of language, impulses to continued action, though the work accomplished may be inconsiderable, and preternaturally high spirits, without the presence of hallucinations, delusions or mental clouding.

A case reported by Norbury some time ago is of interest. A woman, aged 53, suffering from mental alienation for six years, at which time the first symptoms of paralysis agitans manifested them-

selves. The affection developed rapidly and at the end of six months the patient was unable to leave her bed. The contractions, which at first affected the hands, the legs and the trunk, afterward invaded the muscles of the hips, thighs and forearms. The right thigh was bent upward, and over the left leg, which was flexed upon the thigh, and the thigh upon the pelvis. The fingers of the left hand were flexed and rigid, and lapped over each other.

The tremors of paralysis agitans can be overcome by duboisine. Small doses of specific hyosciamus may be necessary in some cases.

When you get a state of restlessness, a state of excitability bordering closely on insuperable agitation, and your patient can describe the peculiar "I do not know what ails me" feeling, inquire carefully into the sexual history of your patient and what you will find, if you handle your case with tact, will often surprise you and guide you as to the proper treatment.

A dull and vacant face indicates mental depression and apathy, while a placid, indifferent face, with fine tremor of lips, a bilateral drooling, show plainly that we must look out for dementia paralytica.

Mack Kenzie of Australia and Meyer of Cologne report their results of cases of infantile paralysis treated by enforced rest in bed, with application of splints to the paralyzed arms. Of ten cases, nine were cured. The splints were kept on from four to seven weeks in some cases, and as long as eight months in others. Meyer of Cologne even went further in this idea by extending the immobilization to the legs as well as arms, and by fixing the patients in a plaster of paris cast or upon a plaster bed instead of using splints. He reports two successful cases thus treated.

A case of "spastic paraplegia, presenting loss of the senses of pain and temperature on the entire right side, with ataxia and increased reflexes," is reported by G. E. Price (Record). The patient, a man 37 years old, with a history of gonorrhea, syphilis and alcoholic excess, who had been subjected to several operations on the left mastoid bone for the relief of an aural discharge. The symptoms were attributed to multiple syphilitic lesions.

Quite frequently the first menstruation is the cause of an outbreak of epilepsy. That there is a so-called premenstrual type of epilepsy, we will also admit; that there can be epilepsy of pregnancy and lacta-

tion, we know all; that during climacterium an old quiescent epilepsy may come on, is also a fact; that excessive, exciting coitus can bring on epilepsy in some few cases is also possible if the affection is dormant in some individuals, but to say that epilepsy is purely a sexual question—why that is going entirely too far; in fact, so far that it sounds like—oh, well, let it go at that.

Out of 2,000 epileptics, only 24 were due to menstrual disorders, according to a recent report.

70 Rogers Ave., Brooklyn.

Do not forget the State meeting at Albany. Make your arrangements now.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

Bronchitis and Four of the Remedies Used in Its Treatment.

The diagnosis of acute bronchitis is easily made. The coryza, dryness of the throat, dry bronchial cough and sibilant respiration call our attention to the chest. Auscultation gives us the dry rhonchus the first twenty-four hours, followed by the mucous rhonchus. Percussion gives resonance, showing conclusively that the lungs are not involved. The diagnosis of chronic bronchitis is usually made with little difficulty, the only disease with which it might be confused being phthisis, and if we bear in mind that in phthisis there is fever and loss of flesh and great prostration, while in bronchitis the health is comparatively good, we can distinguish the two without much difficulty. In phthisis we get localized dullness, usually at apex, while in bronchitis there is resonance on percussion. The history will also throw much light on the case, although the physical signs are the ones upon which most dependence must be placed.—*Thomas' Practice.*

BRYONIA.

In bronchitis, with short, quick cough, with short, sharp pains, especially if the sputum be bloody or frothy, bryonia acts directly. It should be given in small doses, at short intervals, and should be persisted in. It will subdue the pain and the cough promptly, and exercise as marked an effect on the fever as any special sedative known.—*Ellingwood's Materia Medica.*

Bryonia is one of our most useful remedies in bronchitis. It is especially indicated when the cough is sharp or hacking, when it will not only relieve the distressing cough, but also lower the temperature to a satisfactory point. All short, cutting or lancinating pains are relieved by it, and a harsh cough, with frothy, blood-streaked expectoration, is a positive indication for bryonia.—*Fyfe's Specific Diagnosis and Medication*.

Bronchitis is among the most prominent abnormal conditions which usually present indications for bryonia. The difficult breathing, with painful, harassing cough, is correctively influenced by this agent.—*Fyfe's Materia Medica*.

In acute bronchitis, if the patient suffers from pain, bryonia should be added to the sedative.—*Mundy's Diseases of Children*.

In bronchitis, bryonia lessens the cough and amount of expectoration, and is especially useful when there is a frothy and bloody expectoration.—*Locke and Felter's Materia Medica*.

Bryonia is one of our best cough remedies and is called for in bronchitis when there is pain in the chest, sharp in character, a *vibratile* pulse being additional evidence for its use.—*Thomas' Practice*.

Bryonia is indicated in bronchitis when there is sharp and acute pain, increased by coughing.—*Watkins' Practice*.

IPECAC.

In the bronchitis of childhood, occurring often suddenly, with a dry, hoarse stridulous or croupal cough, without secretion * * * the influence of ipecac is dispelling to the conditions essential to the progress of the disease. In acute bronchitis it may be prescribed in the same manner as in pneumonia.—*Ellingwood's Materia Medica*.

In acute bronchitis, especially when the secretion is scanty, and in chronic bronchitis when the cough is severe and there is but a moderate amount of expectoration, ipecac, in small doses, constitutes a valuable remedial agent.—*Fyfe's Specific Diagnosis and Medication*.

Ipecac, in small doses, is a frequently indicated remedy in acute bronchitis. In irritation of the bronchial mucous membranes, it constitutes one of our most valuable remedial agents.—*Fyfe's Materia Medica*.

Ipecac is a good remedy in troubles of the respiratory organs, such as acute bronchitis and difficult breathing.—*Locke and Felter's Materia Medica*.

In bronchitis, if the patient has a persistent cough, with whistling in the smaller bronchi, and if later there are blowing sounds, with free secretion, ipecac should be employed.—*Mundy's Diseases of Children*.

Where there is irritation of any mucous membrane, ipecac will be found beneficial.—*Thomas' Practice*.

Ipecac is indicated in oppressed breathing, diminished expectoration, mucous rales, weakness and feebleness.—*Watkins' Practice*.

VERATRUM AND ACONITE.

In bronchitis aconite allays irritation, restores secretion, and by its paralyzing effect on the end nerve filaments quickly soothes the irritable or inflamed condition of the mucous membrane. In bronchitis * * * veratrum will retard and often throw off the attack.—*Ellingwood's Materia Medica*.

In the early stages of bronchitis aconite is an excellent remedy. When the pulse is small and frequent, it lessens vascular excitement and the rapidity of the circulation, promotes secretion and reduces the temperature. When indicated by the full and bounding pulse veratrum is the ideal sedative in inflammation of the respiratory organs.—*Fyfe's Specific Diagnosis and Medication*.

When the pulse is *full* and frequent, veratrum will do in bronchitis all that aconite will do when the pulse is *small* and frequent.—*Fyfe's Materia Medica*.

In all acute inflammatory troubles, whether local or general, aconite will remove as much of the difficulty as depends upon the exalted circulation and temperature. It is always indicated when the pulse is small and frequent.—*Locke and Felter's Materia Medica*.

To control the pulse in bronchitis we administer aconite, if the pulse is small and frequent; veratrum if it has volume and is frequent. They are both good remedies, and relieve irritation of the lungs and bronchi, as well as the general irritation which causes the frequency of the pulse.—*Mundy's Diseases of Children*.

In acute inflammation of the respiratory apparatus there is usually excessive power in the heart's action, as evidenced by the full and bounding pulse, and veratrum in full doses succeeds, not only in reducing the force and frequency of the pulse and lowering the temperature, but also modifies the cough. Aconite is called for where the pulse is small and frequent.—*Thomas' Practice*.

Aconite is called for in bronchitis by pyrexia, restlessness and small and frequent pulse. Veratrum when the pulse is full and strong, increased temperature and throbbing carotids.—*Watkins' Practice*.

A BRIEF RE-STUDY OF WOOSTER BEACH'S REMEDIES.

During the present year I propose to give in this department of the REVIEW a brief re-study of a few of the remedies with which Dr. Wooster Beach, the founder of eclectic medicine, secured his brilliant results in the treatment of pathological conditions.

In Dr. Beach's time, pleasant medicines were not numerous, but it was his constant endeavor to employ his remedies in such forms as would give as little offense to the sight and taste as was possible under the then existing circumstances. In referring to the treatment of the diseases of children, in his *American Practice of Medicine*, Dr. Beach

remarked: "Another reprehensible custom is to force down some nauseous drug every time the child begins to cry. * * * Those who wish to bring up children in a healthy condition should be content to follow the simple path of nature and common sense. * * * Few things tend more to the destruction of children than drenching them with strong and nauseous drugs. In their treatment simple remedies should be employed."

ASCLEPIAS TUBROSA—No. 1.

This plant may well be called an eclectic remedy, for it was highly esteemed and extensively employed by the founder of eclecticism, and has ever continued to constitute a medicament greatly valued by all eclectics.

Asclepias tubrosa is an energetic antispasmodic and diaphoretic. It is also a diuretic and carminative of considerable power. Its influence is usually more marked when the temperature is but slightly increased, and the skin is inclined to moisture, although it is often useful during high fevers. It may be employed with advantage in a wide range of abnormal conditions, and its extreme freedom from injurious effects under all circumstances greatly enhances its availability. In severe pleuritic pain from fifteen to thirty drops of the specific medicine in an ounce of hot water will promptly afford marked relief, and a few doses thus employed will make further treatment unnecessary. In pneumonia, pleurisy and bronchitis, as well as in other wrongs of the respiratory organs, *asclepias* often constitutes a much needed medicament; and as a means of removing the effects of *la grippe*, it is one of our most efficient remedies. If these effects are characterized by nervousness, it quiets the nerves, and if derangement of the stomach is a prominent feature, it relieves the stomach irritation, and thus makes for recovery.

In rheumatism *asclepias* exerts a decidedly curative influence, and in nervous irritability its effects are markedly soothing in character. In insomnia, when given in hot water at bedtime, restful sleep is often secured through the influence of this medicament. Coughs and colds also come within the curative range of *asclepias*, and in all forms of colic it may be prescribed with the assurance that it will act in a beneficial direction. As a remedy for the distressing flatulent colic of babies, it acts promptly and efficiently. In all forms of colic, *asclepias* should be administered in very hot water—so hot that it has to be taken slowly.

In any disease in which there is a hot skin, either dry or with a tendency to moisture, *asclepias* will prove useful. The symptoms presented in the early stage of catarrhal affections are well treated with this agent. *Asclepias* is particularly a chest remedy, although it is of great value in many wrongs of other regions. In the delayed appearance of the eruption in scarlet fever and measles, it will usually accom-

plish the desired result. It is also an excellent remedy in digestive troubles, and in headache dependent upon gastric disturbances it will afford marked relief. In diseases characterized by a dry and scaly skin, asclepias has been employed with marked advantage.

Among the known specific indications for asclepias, the following are perhaps the most frequently seen: Sharp, cutting or darting pain, increased by deep breathing; pain acute and seemingly dependent on motion; lack of excretion from the skin; snuffles or nasal catarrh of infants; flatulent colic, especially in young children.

The dose of Specific Asclepias (or a good fluid extract) is from 1 to 60 drops, but it may be efficiently employed as follows: $\mathcal{R}$ Asclepias tuberosa, gtt. x to 5ii; water, $\mathfrak{z}$ iv. Teaspoonful every hour or as needed.

Bryonia in Rheumatic Ailments.

I have always found bryonia to be a most highly trustworthy agent in the treatment of arthritis and rheumatic ailments with serous effusion. It has never disappointed me.

A. STEPHENSON, M.D.

Collinsonia in Hoarseness.

Collinsonia has proved very effective in the relief of hoarseness accompanying acute colds; in fact, it is the most efficient remedy we have in this condition.

R. C. N. COOK, M.D.

Macrotys in Muscular Pains.

I always think of macrotys in muscular pains or soreness and in neuralgia, and it serves me well.

W. L. LINN, M.D.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Washington, D. C., in June, 1912. A. F. Stephens, M.D., president; W. P. Best, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1912. T. D. Adlerman, M. D., president; E. H. King, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. H. Harris, M. D., president; M. B. MacDermott, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. John Birkenhauer, M. D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M. D., president; A. B. Wolf, M. D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M. D., secretary.

Eclectic Medical Society of the State of New York.

Brooklyn, N. Y., Jan. 10, 1912.

Dear Doctor:

The fifty-second annual meeting of our Society will be held at Albany, N. Y., Wednesday and Thursday, March 27th and 28th, 1912.

As your corresponding secretary, I wish to inform you that the Society has accomplished much during the past year and has received recognition as a well-organized body, auxiliary to the National. But still a great deal remains to be accomplished, and this requires a united effort to have every eclectic physician within the Empire State registered as a duly qualified member of our Society. We should strive to obtain a large membership for our Society, as in numbers there is strength.

Our system of medicine has received much encouragement from the endorsement of our remedies by the medical profession in general, and we are acknowledged by many as the ideal medicationists.

We ask that you make an extra effort to attend this meeting, as we have prepared a very interesting program and expect a very spirited discussion. We further ask that you prepare an essay or case report and mail the title of same to the above address.

Very sincerely yours,

WILLIAM L. HEEVE,
Corresponding Secretary.

Eclectic Medical Society of City and County of New York.

January 18th, 1912.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held in the College Auditorium Thursday evening, January 18th, 1912.

Vice-President Geo. W. Schaefer in the chair.

The minutes of the previous meeting were approved as read.

A paper entitled "Certain Specific Medicines in the Treatment of Mental Troubles" was read by Dr. Theodore Davis Adlerman.

The essay—which will appear in a future issue of THE ECLECTIC REVIEW—elicited a lengthy and spirited discussion, from Drs. Lloyd, Griel and MacDermott, after which a vote of thanks was tendered to Dr. Adlerman for his very interesting paper.

Dr. Heeve reported a case of floating kidney in a woman on whom he operated successfully according to the "Lamphear" method.

He also reported four cases of appendicular perforation, with pus, and general peritonitis, on whom he operated, and all of whom recovered. His post-operative treatment in these cases consisted of proctoclysis and rectal alimentation, excluding all nourishment and drink by mouth, until the inflammatory symptoms have subsided.

The secretary reported the death of Dr. Bailie-Brown of New

Jersey, a member of the Society. On motion, a committee of three members was appointed by the chair, to prepare suitable resolutions of condolence to be sent to the family of the deceased, and the secretary was instructed to set aside a page in the minute book to his memory. There being no further business, the Society then adjourned.

M. B. MACDERMOTT, Secretary.

Selections

The Increase of Cancer.

BY IRA S. WILE, M.D.

In the category of diseases there are few that may be regarded as essentially surgical from their earliest inception. Cancer represents a disease belonging principally to the domain of surgery.

Despite the improvements in diagnostic technic, in spite of the increase in hospital and dispensary facilities for the detection of incipient carcinoma, regardless of the intelligent principle of securing early operations, vital statistics reveal a striking increase in the mortality from this disease. Since 1880 the death rate from cancer in seventeen states has risen from 3.61 per 10,000 population to 7.35. The rate for the registration area rose from 74.3 in 1908 to 77.0 in 1909, while the average rate from this cause during the period 1901 to 1905 was 68.3.

It is exceedingly striking that the increase in the incidence of cancer does not involve merely the deeper viscera where the difficulties of diagnosis are heightened, but also affects the carcinomata that are localized superficially. Cancer of the mouth increased from 2.1 for the period 1901 to 1905, to 2.9 during 1909, and cancer of the skin showed a mortality rate that rose from 2.3 as the average from 1901 to 1905 to 3.1 in 1909.

The usual assignment of cancer to the diseases of old age often beclouds the fact that cancer may occur at any age from infancy to senility. Gastric cancer has been reported by Riegel as occurring in a six weeks' old infant. In New York City during 1900 there were six deaths from cancer recorded between the ages of five and ten years; four between ten and fifteen years; and six between fifteen and twenty years. Practically 10% of the deaths from cancer occur below the age of forty years.

Cancer mortality is increasing in every decade of life. Between 1880 and 1907 there was a 10% increase in the death rate from cancer below twenty years. During the same period, however, there was a 94% increase in the rate for the decade from fifty to sixty years. The ratio of increase in the cancer mortality rate is greatest after fifty years.

According to the census 62% of cancer deaths occur among females as compared with 38% among males. This striking difference is largely

due to the frequency of cancers of the uterus and of the breast. According to the Registrar-General of England, one woman out of every nine alive at the age of thirty-five years will die from cancer. The relation of occupation to cancer has been the subject of much discussion since Virchow first called attention to the frequency of lip cancers among pipe smokers and to the numerous examples of scrotal cancers among chimney sweeps. A careful survey of the available figures fails to show any definite interrelation of cancer and occupations.

It is noteworthy that the increase in the mortality from cancer is greater in urban than in rural communities, though it is impossible to adduce any reason for this statistical phenomenon.

While there is a recognized prevalence of tuberculosis among the colored races, the mortality from cancer among the negroes is only about one-half that found among the whites in the same communities north or south of the Mason and Dixon line.

Too much stress has been placed upon the problematical effect of heredity in the incidence of cancer. The disease is so common that there are few families who will not upon investigation reveal the fact that some member thereof died from this cause.

The increase in the death rate from cancer is real and not merely apparent because of the greater number of persons whose lives have been spared sufficiently long to enable them to live to the decades when this disease is most prevalent. The ratio of increase of the death rate from cancer is greater than the ratio of increase of population.

For many years a war has been waged by all the social forces against the high death rate from tuberculosis. During 1909 cancer caused 45% as many deaths as tuberculosis, and as yet no organized effort has been made to combat this horrible disease. The Crocker fund in New York is available to study the disease and if possible find a means of overcoming it. The International Association for Cancer Research bears witness to the desire of scientists to ascertain the methods of development of the disease. The New York State Cancer Laboratory has long been at work upon the problem. But progress has been discouragingly slow.

The transplantation of cancers among some of the small animals has given rise to the view that there may be an infectious factor in the etiology of the disease. This view was taken by the German Cancer Commission, inasmuch as in about 14% of a large number of cancer cases the parents were found to have suffered from a similar disease. Some interesting observations were made by Behla, who reported nineteen cases of apparent infection of husbands by cancerous wives. Budd, Gueillot and various others give evidence of a similar nature, all going to suggest that infection of some sort is at the basis of the etiology of the disease.

The main social features at present involved in a consideration of this serious disease group themselves around the proper care of the suf-

ferers and the means of lessening the mortality rate. First, it is regrettable that there is insufficient hospital space available for the chronic sufferer before whose death there is a long period of painful invalidism that lowers the home standards of the families in which the disease occurs, owing to the constant drain upon the purse, and the long continued period of helplessness requiring nursing attention that robs the family of health and strength. With an unavoidable death impending it appears to be a sad fate for the entire household to be dragged down nearer the grave. Early diagnosis in the hospitals and dispensaries is imperative, and the public must be enlightened on the necessity of early surgical intervention as soon as the diagnosis is made. It is advisable to give the patient the benefit of the doubt and even insist upon an exploratory operation rather than to delay the diagnosis a long period of time through a hopefulness that the lesion may not be malignant. Metastasis means mortality. Cachexia is a shadow of the death to come.

The removal of pigmented moles, the excision of every tumor in the mammary area, the study of uterine scrapings, the prompt interference in any case of metrorrhagia, particularly at the menopause, the pathological examination of tissues from ulcerated areas around the tongue, lips, anus, or cervix, all suggest methods that may be of value in the mammoth task of lessening the mortality of the disease.

Constructive measures for the prevention of cancer are difficult to suggest until there are more facts forthcoming to determine the etiology of the condition. It is evident that if trauma be a factor in the causation of cancer it is important to obviate those kinds of traumata that have been regarded as favoring the development of the carcinomatous lesions. If an infective agent is responsible there must be a concentrated attack upon the trail of the offending micro-organism until its nature is definitely ascertained.—*American Journal of Surgery*.

State Board Members and Ethics.

Ethics in the refined sense means much more than mere compliance with the law or the rough customs of society. One can be mechanically or technically ethical and still be a moral mountebank. State board examiners, the regulators of medical practice, are *regulating* more and more clear through the list of states. Entrance requirements are being put ahead of what the best high schools can do. One year, two years, a degree in science and the arts, are required by some boards. Question: Can one-third of the examiners who are operating under rules they have made themselves, comply, without grace, with the requirements they are imposing? Does the governor ask the questions of a candidate he is considering for appointment: Did you have a college degree before you studied medicine? Did you have two years of preliminary work? One year. Could you have complied with the rules you are to administer if they had been in vogue when you entered prac-

tice? If so, so far, so good; if not, how can I consistently appoint you? If the appointing officer does not pursue this course, the system has a fatal error and the appointee can not hope to command either the respect of those whom he examines, or of the qualified members of his own board, if any such there be.

How can an examiner, who can not measure up to his own yardstick, assume to mark off thirty-six inches from a candidate? Oh, yes, he has the governor's appointment. He is the legal examiner. However, he is cutting a queer caper parading as a mere jackdaw in the tail feathers of a peafowl. He is legally ethical, but entirely devoid of a refined ethical sense, or he could not face bright young fresh graduates, some of whom know three times more about his subject than he does. He can not pass upon a student's proficiency in Latin, modern languages, biology, chemistry, solid geometry, trigonometry, English literature, etc., if he has not mastered these subjects himself, any more than a daw in borrowed feathers is a gentleman among the birds. If any one wishes to know where we stand upon state board matters, they have it in the preceding. So long as political favoritism is the rule with appointing powers regardless of qualifications, except it be assumed "he is all right," we shall have neither a consistent nor useful system of licensure. We propose an amendment to the law to the effect that every candidate for the position of medical examiner must be able to comply with the technicalities of the law and rules he is to administer.—Editorial, *Med. Century*, January, 1912.

Medical Treatment of Goiter.

O. A. Palmer, in the *Eclectic Medical Journal*, notes that the several varieties of this disease are described according to their anatomical peculiarities and different pathological features. A hyperplasia of the normal tissue is termed the parenchymatous form. The follicular variety is characterized by the enlargement of the follicles of the gland. The fibrous goiter is due to the increase of the connective tissue which compresses the follicles. The uneven distribution of the fibrous tissue gives rise to the irregular and nodulated appearance of the gland. The cystic variety is known by the follicles being distended with a liquid content; the follicles may be filled with colloid or calcareous matter. Inflammatory conditions or suppurative processes may alter the character of any of the various forms. By taking the history of the case, and examining the various physical conditions, one can generally recognize what remedy is indicated. As the majority of these cases are found among women, special care should be used to determine the existing cause. The diagnosis is not difficult. Malignant adenomata must always be differentiated. The swelling may be scarcely perceptible, or so large that it will need mechanical support. The enlargement may be confined to one or both lobes, as well as the isthmus.

The development may be gradual, and is generally aggravated by nervous irritation.

Whenever a case of goiter presents itself to me for treatment, says the author, I think of the condition of the digestive organs, then the sexual and nervous system. In the majority of cases I find that the digestive organs are unable to do their work properly, and the sexual or nervous system needing repair.

Auto-intoxication disturbs the circulation through all the glandular structures, especially the thyroid gland. My first thought, then, is to obtain an aseptic condition of the digestive tract as soon as possible, with antiseptic laxatives and other indicated remedies. In some cases the goiter will disappear by the time I have accomplished this, and the sexual and nervous systems will be much improved. If the sexual or nervous system is much involved, they should receive attention according to the indications. Calc. phos., calc. flour, two doses of each daily, in many cases, is all that may be needed. If there is continued fermentation of the stomach and bowels, with a yellow-coated tongue, nat. phos. should be taken two or three times daily. I have cured cases with this remedy alone. In many cases this remedy will relieve the pressure symptoms in advanced cases. Kali mur. is a great remedy in glandular swelling when the gland is soft. There is more or less stomach disorder in these cases, and the tongue is coated white. I have often used an ointment of the third trit., one drachm to the ounce of vaseline, which was rubbed on the neck morning and night. A strong cerate of phytolacca can be used twice daily on the goiterous swelling. Galvanism and electrolysis have been used with some success. In exophthalmic goiters, lycopus virg. is the remedy for most cases, the dose of the spec. lycopus virg. being five to fifteen drops three or four times a day. A good tincture of fucus vesiculosus has cured cases, the dose being thirty to forty drops before each meal. All small goiters of recent formation can be cured by the use of protiodide of mercury. Give a small powder of the second trit. three or four times a day. Hydrobromide of quinine, five-grain doses three or four times daily, has given good results in exophthalmic goiter cases. Calcidin, one-third to one grain, four times a day, with a good elimination, is a good general remedy. Locally, I use the following lotion: spec. tinc. of thuja, spec. tinc. phytolacca, equal parts; one-half ounce rosewater; glycerin and alcohol, equal parts, one ounce. Mix, and rub gently on the glandular enlargement on going to bed and getting up.—*Medical Brief.*

Digitalis.

Von Leyden (*Ther. der Geg.*, Berlin, 1910, LI, II), is of the opinion that digitalis should only be given in times of urgent need. Owing to the drug's action on the left ventricle alone, the writer deprecates its use when the right ventricle is weak, and says it is contra-

indicated in mitral stenosis, emphysema and kyphoscoliosis. Digitalis acts as a specific on the tonicity of the heart muscle and is indicated whenever symptoms point to a failure of that function, says Schmoll (*Am. Jour. Med. Sciences*, Jan., 1911). A new use for digitalis is to arrest the tendency to spontaneous epistaxis, reported by Focke (*Ther. der Geg.*, Berlin, September, 1910). He has given digitalis for this purpose in 84 cases, and it proved successful except in a hemophiliac and in a woman given to excessive coffee drinking and tight lacing. In 75% of the patients the tendency to nose-bleed was promptly and permanently arrested within twenty-four hours after taking the digitalis, even in a few cases in which the bleeding was due to some anatomical anomaly, correction of which later permanently arrested the tendency to epistaxis. He adds that digitalis formerly was a common remedy for a tendency to hemorrhages, but it was abandoned toward the close of the last century for theoretical reasons, which have since been shown to be erroneous.—From the *Medical Times*.

Prevalent Diseases.

Each change of season brings with it its diseases seemingly peculiar to the time.

Summer with its intestinal disorders, sunburn, insect bites, ivy poisoning, etc.

Fall presents for the attention of the physician, its typhoid cases and Winter and early Spring its regular quota of pneumonic, bronchial, throat and other chest conditions.

At this season, when pneumonia and bronchitis demand the call of the physician, literature presenting the experience of fellow practitioners, in the successful handling of these cases, would seem most apropos.

The *Bloodless Phlebotomist* for January reflects the experience of many physicians upon this timely subject.

Dr. Charles Buck of Cincinnati presents his experience in handling cases of pneumonia, also relates some facts in the treatment of lumbago, which might also be considered as an affliction prominently manifesting itself at this season.

"Broncho-pneumonia," with supportive as well as local treatment in all its details, is the subject of the paper of F. A. Kautz, also of Cincinnati.

Dr. E. Clinton Murray, of Houston, Texas, relates his experience and treatment in a case of pneumonia in an eighteen months' old baby, and Dr. J. C. Klippinger, of Independence, Kansas, presents a "Different Technique in Pneumonia," which is decidedly original. In abstract his method is to apply the local dressing in a manner which gives the intercostal muscles a chance to functionate without restriction from bandages. This symposium is closed with a paper from Dr. W. A.

Radue, of Union Hill, N. J., upon "Acute Pleurisy and a Successful Abortive Treatment."

Besides the papers referred to, upon the subject of chest and throat diseases, much additional information is given. The one in particular we would have you note is the "Rational Influence of Hot Applications" by that well-known therapist, Dr. Finley Ellingwood, of Chicago, Ill.

A postal card addressed to the *Bloodless Phlebotomist*, No. 57 Laight Street, New York, will bring you a copy of the January issue.

Hope for the Tuberculous Patient.

When demonstrable lesions of tuberculosis show the steady progress being made by the infection, the physician owes it to his patient as well as to himself, to put at the unfortunate one's command whatever advantages may be open to him. Right living, sleeping in the open and the choice of a proper dietary, coupled with such drug therapy as may be indicated, offer the most hope to the tubercular patient who is not in position to seek another climate and lung specialists. The indications for drugs are met by cord. ext. ol. morrhuae comp. (Hagee), for in it are properties well calculated to soothe the irritated mucosæ, make the cough more bearable and maintain strength and resistance of the hard pressed tissues. Cord. ext. ol. morrhuae comp. (Hagee) possesses the added advantage of not disturbing nutritional processes, as do so many agents of its class, rendering them a hindrance instead of an aid.

A Fine Line of Sterilized Solutions.

Hermetically sealed glass ampoules containing sterilized solutions of important drugs for hypodermic use have assumed a commanding place in medicine in a comparatively short period of time. Two or three years ago, seeing the tendency in this direction, Parke, Davis & Co. brought out a modest line of something like a half-dozen formulas, notable among them being solutions of adrenalin, codrenin and cacydylate of sodium. From this small beginning the line has expanded until now the company announces a total of about twenty distinct formulas. The full list, we understand, is now appearing in display advertisements in the leading medical journals of the country. Physicians who are interested in this advance in hypodermic medication—and every physician ought to be—will do well to search out these advertisements and familiarize themselves with the comprehensive line of solutions therein offered.

Solutions provided by the glaseptic ampoule, it is obvious, have several advantages over those prepared in the ordinary manner. They are ready for immediate use: there is no necessity to wait until water can be sterilized and cooled. Accuracy of dose is ensured, each ampoule containing a definite quantity of medicament. The solutions are aseptic; they are permanent.

Items

Book Reviews have been crowded from this number for want of space.

Mr. and Mrs. George Poetz announce the marriage of their daughter Lillian to Dr. Hans Harris on Wednesday, January 17, 1912, at Hasbrouck Heights, N. J.

Read the advertisements and correspond with the advertisers.

A handsome, interesting little booklet, "Modern Diagnostic Methods," has been issued by the Fellows Co. of New York. It is certainly a little gem, full of the most useful information; a booklet that will find a place on the desk of every physician. Send for it and read it with care. It is certainly worth it.

At the January meeting of the Connecticut State Board of Health, Dr. James E. Hair, of Bridgeport, was elected a member of the Connecticut Eclectic Medical Examining Board. This Board is now constituted as follows: Dr. John W. Fyfe (president), Saugatuck; Dr. Thomas S. Hodge (secretary), Torrington; Dr. Leonard Bailey, Middletown; Dr. Earnest A. Markham, Durham; Dr. James E. Hair, Bridgeport.

There will be many celebrities at our State meeting.

President Stephenson of the National expects to be with us.

Prof. John Uri Lloyd of Cincinnati will be with us and read a paper.

Prof. L. E. Russell of Cincinnati will accompany Prof. Lloyd.

Prof. Herman J. Lohman will also read a paper.

The prize essay contest promises to be interesting.

Arrange for the meeting now. Don't delay.

Every member, both from city and up-State, should make an earnest, honest effort to show his loyalty to the cause by being present at this meeting.

Have you tried Fellows compound syrup of hypophosphites? If not, do so now. Once tried, you will use it often. Results obtained from it are really wonderful.

On Thursday, February 29th, the National Confederation of State Medical Examining and Licensing Boards will meet at Congress Hotel, Chicago, in its 22d annual convention.

On February 12th the King's Co. Eclectic Medical Society held a most interesting meeting at the Hofbrau House, Brooklyn. Interesting papers were read by Drs. Lanzer, Sibley, Martin, King and Pearlstein.

Teddy said a few things that were listened to with interest.

"Me and Pearly. We bear the burden."

"What would you do without Pearly and me?"

"We two; we are It."

The entertainment and ball of the Nurses' Association was one of the most interesting that the association ever held. The new ballroom at Healy's proved a revelation to many. The arrangements could not be improved upon.

The students are enjoying the privileges accorded them at the Sydenham Hospital.

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THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. XV.

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No. 3

Eclectic Medical Society Convention.

The time of our meeting at Albany is near at hand (March 27, 28), and we do not hesitate to say that we are positive of having the pleasure of meeting you there. From all indications we are quite sure that this meeting will prove to be one of the best in the history of the Eclectic Medical Society of the State of New York.

Papers of interest to the Eclectic School of Medicine have been prepared by some of the best men of our state. Articles have been prepared and will be read by Prof. John U. Lloyd of Cincinnati, Prof. H. Lohmann of the New Jersey State University, and by a few others who will cover some very important subjects. Addresses will be made by Dr. Stephens, President of the National Eclectic Medical Association and Dr. L. E. Russell of Cincinnati. Therefore, you can readily see that from a literary and scientific standpoint, nothing better, nothing more, could be offered or even desired. We all want you to come to this meeting at Albany. Will you write a short article on some subject? Send me the title and I will place you on the program. Or, will you report one of your interesting cases? At any rate, we shall expect to see you. Come, and let us talk things over. We shall all learn; we from you, and you from us. Let us exchange ideas and see what we can do for Eclecticism. Let us take this opportunity to proclaim to the world the superiority of our methods to those of the other schools of medicine. Let us show the people our superiority in possessing the most rational, the most scientific system of Therapeutics.

Doctor, at this meeting we must also show strength in numbers. It is your duty to yourself, to your patients and to the Eclectic school, to attend this convention. Will you come? T. D. A.

Hints and Winnings.

In an editorial published in the *Eclectic Medical Journal*, under the caption of "The Owen Bill Again," Dr. John K. Scudder takes a position that, in my opinion, is a wise one, and one which it might be well for the Eclectic school of medicine to adopt as its permanent policy, not only in regard to the Owen bill, but as to all future health legislation as well. In part the doctor says:

"This journal has never opposed the establishment of a federal

health bureau, if the law properly *safeguards the interests* of Eclectics and Homeopaths. A year ago, by omission and correction, the objectionable feature possibly forbidding the manufacture or use of alleged '*non-standard*' medicines was effaced. Later, another amendment was offered, specifically providing that no school of medicine should be discriminated against; the wording of the amendment, however, was very much befogged, and it might have been construed that every *sectarian* was excluded from appointment, and all places were to be given those who delight in calling themselves 'physicians.'

"Continued strong opposition from various sources has necessitated the recent introduction of another amendment, as follows:

"That the Department of Health established by this act shall have no power to regulate the practice of medicine, or the practice of healing, or to interfere with the right of a citizen to employ the practitioner of his choice, within any State of the Union, and all appointments within the department shall be made without discrimination against any school of medicine or of healing.

"It is a *mistaken idea* for some to presume that Eclectics and Homeopaths object to laws prescribing necessary regulations concerning hygiene, sanitation, medical school inspection or non-compulsory vaccination. When the *proper* federal bill, providing for the establishment of a national health bureau, is proposed, it will eventually pass."

In an exhaustive and exceedingly valuable article, published in the *American Journal of Surgery*, Prof. R. T. Taylor says that he has found that in contrast to acute cerebro-spinal meningitis, which appears most frequently in the winter and early spring, anterior poliomyelitis is essentially a disease of the summer and early fall, and is most frequently noted during especially hot weather. As a rule dry summers seem to have a tendency to lead to more cases than wet ones. In speaking of the symptoms of this not over-well understood disease, Dr. Taylor says:

"Premonitory symptoms are very probably due to *lepto-meningeal irritation* or implantation of the virus, and are usually present one to three days before the acute symptoms begin. They consist of more or less rigidity of the spine and neck, and Kernig's sign (contracture or flexion of the knee and hip joint) with unequal rigidity in the two legs. At this time the knee reflex may be increased only to disappear entirely after the acute stage is reached. Sometimes there is a slight weakness in one or both legs. Acute symptoms appear in from four to fourteen days after exposure in the epidemic form, but in the majority of the so-called sporadic cases seen it is next to impossible to trace the source of infection and period of incubation.

"The symptoms divide themselves into cerebral, bulbar, spinal and neuritic types, depending upon the region chiefly involved. In the cerebral form convulsions, delirium and drowsiness are present, but this type is rare. In the bulbar form we see the respiratory distress, and 75 per cent. of these constitute the rapidly fatal cases of this disease. The neuritic types are those presenting marked hyperesthesia and severe pain in the extremities along the larger nerve trunks especially, and even also in the chest and abdomen, so that the slightest movement, jarring or moving of the bed clothes produces suffering. The onset begins with slight fever (99-101° F.) the first day, with flushed face, intense headache, backache and increased unilateral Kernig's sign.

"Except in the mildest cases, the fever on the second day is highest, but rarely goes to 105°, usually not being over 102°. The pulse ranges from 120 to 140, but is usually of good tone and well sustained, except in the bulbar type.

"Spasticity in the neck, spine and legs is more marked the second day. Tremors and clonic movements may be present, but sleep is quiet, as there is more or less drowsiness. Nausea and vomiting may be the first symptoms noted and lead one to think the trouble is primarily gastro-enteric, but these symptoms may be central in origin.

"*Constipation* of the bowels is invariable, and of very nearly as great frequency one finds *retention of urine*, so that catheterization may have to be resorted to, though this is rarely necessary.

"On the third day the fever abates, and on that day or the day following the paralysis appears, converting the previously rather spastic limb into a flaccid one. With the subsidence of the fever, there may be some sweating. The headache and backache disappear, but with the paralysis, the hyperesthesia begins, if the case is of the neuritic variety.

"There are also shooting neuralgic pains, at times, lasting for a few seconds or a few minutes and recurring several times an hour at first. These shooting pains disturb the sleep, probably due to the child moving in the sleep. They cry out much as those do who have acute tuberculous articular disease, with a characteristic 'night cry.' Occasionally there is an erythematous rash, not so fine as scarlet fever and less spotted than measles. Large rose spots may occur on the body at times, later being pigmented. In a very few cases, purpuric spots appear in the lower extremities."

Drs. G. B. Satterlee and I. T. Lewald have made some interesting investigations in regard to some apparently obscure conditions of the gastro-intestinal tract, and the practical application of the Röntgen-ray in their diagnosis, which they report in the *Journal of the American Medical Association*. They find that the length of time

taken by the contents of the gastro-intestinal tract to reach each division of the tract to leave it empty, can be definitely determined by the bismuth-Röntgen-ray test, and the normal motility of each part of the tract can be definitely determined. The food, after injection, begins to pass into the small intestine immediately, and at least one-quarter of the gastric contents reaches the jejunum within an hour. Five hundred c.c. of milk or soup is clear of the stomach within two and a half to four hours, and the final emptying time is not influenced by the existence of an increased amount of hydrochloric acid in the gastric contents. The time consumed in passing to the cecum, averages two hours. It varies from one to four hours, and is shorter in children. The complete emptying time of the small intestine, after this meal, is probably about six hours. They find that the bismuth-Röntgen-ray test is harmless and practical and can be an aid in the intelligent application of the ordinary methods of treatment. It should be employed before any operation is employed. They prefer the administration of the bismuth by the mouth, over that by the rectum, as giving a more natural appearance to the intestine. Milk is used as menstruum.

A "medical freedom" writer, in an article denouncing the order of President Taft in regard to the practice of medicine in the Canal Zone, exclaims: "A forerunner of what Homeopaths, Eclectics, Osteopaths and *Christian Scientists* might expect, if the proponents of National Health Legislation were successful, may be gained from this executive order." No doubt all doctors have read the President's order, and know what it says and means. In regard to the order, I have no comments to make at this time, but I do most emphatically protest against the above favorite classification of the "medical freedom" writers. The Eclectic school is a regularly organized and law-abiding school of medicine, and I am decidedly opposed to any law, or lack of law, which would or could place it in the same category with the Eddy cult-people, or any other bunch of superstitious "healers."

In some places children have been having a continued fever in which a diagnosis free from doubt was not easily made. The history of the cases, however, might lead one to think of remittent fever, but, on more careful consideration, it has become possible to regard the pathological state as a mild form of typhoid fever. The case of a girl, seven years of age, coming under my care, may be well taken as a good illustration of most of the cases reported. The child had not been feeling well for more than a week before the attack. She had a slight chill, followed by high fever for two or three hours, and it then passed off. There was also some pain in the abdomen. The next day there was another chill with a fever, which continued longer than that of the day before. The patient had a restless night, with more severe pain in the bowels. The chills and periods of fever were repeated for several days, when the fever had become continuous, and I was

called to treat the case. The pain in the bowels proved an important feature, and the discharges became viscid and glutinous. The tongue was broad and leaden-colored, with slight patches. The feces and gas passed from the bowels were exceedingly fetid. The child complained of severe pain in the forehead, and was very restless, and, at times, a little delirious. The pulse was 102 and the temperature 104° F. I prescribed as follows: $\mathcal{R}$ Aconite, gtt. iii.; *Rhus tox*, gtt. x.; water, $\mathfrak{z}$ iv. Teaspoonful every hour. $\mathcal{R}$ *Echafolta*, $\mathfrak{z}$ i; water, $\mathfrak{z}$ iv. Teaspoonful every two hours. On the second day the fever decreased and I added one-half drachm of quinine to a pint of diluted alcohol, and directed the mother to heat enough of the mixture to bathe the abdomen and legs with the hand, and to repeat the application twice a day. On the third day, there being but little fever, the aconite was discontinued. The other remedies were continued, and the child made a good recovery.

Now we have a new neurosis known as "Aviator's disease." The prominent symptoms are due to rapid alternation of barometric pressure in addition to atmospheric alterations. Dyspepsia, hypertension, frontal headache, intense desire to urinate, and cardiac irregularity, are among the most important features of the disease.

A disease frequently seen in Russia, and known as "Brill's disease," is reported as having occurred in this city. It is an acute infectious disease of unknown origin. Its prominent symptoms resemble those of a mild case of typhoid fever.

The Supreme Court of New York has handed down a decision in which it is declared that an act authorizing medical examination and treatment of prostitutes, is well within the police power of the State under the Constitution. No doubt the judges are right, but very little good can be derived from such examinations, for a woman free from disease, may within a few hours become a source of great danger.

FYFE.

H. K. Whitford, M.D.

At the ripe old age of 83, Doctor Whitford, one of the pioneers of our school, and one of the most brilliant men of the Bennett Medical College, died at his home, Feb. 15th, 1912.

For many years he has been active in his State and in the National Eclectic Medical Association, and many a practical hint and direction has he given.

When I first began to attend the National, Dr. Whitford was an active energetic worker, and I always felt sure when he addressed the meeting that I would hear something that I could take home with me and make practical use of.

He practised in Elgin and Chicago for over forty years.

We shall miss his kindly greeting and presence at our gatherings.

Original Articles

La Grippe.

C. C. EDSON, M.D.

The season of the year will soon be at hand in which we may expect the advent of our annual visitor, the dreaded La Grippe. While I sit and ponder o'er the past, and memory dwells for a moment upon the many human wrecks I have met who attribute their present enfeebled or dilapidated condition to a former attack of La Grippe, and listen to their pitiful tales of woe, I am almost forced to the conclusion that this terrible monster, La Grippe, must be much like what Gen. Sherman said of war—It was Hell! But again the scene changes, and I view, with no little satisfaction, the results of the treatment of the hundreds of cases of this little ailment that has fallen to my lot, and I arrive at the conclusion that really it isn't so very serious an affair after all; and really, I would very much prefer a few rounds of "Grip," to war, and I have tried both.

Now I will say, as a prelude, that I believe I am not given very much to boasting, but after a man has devoted a lifetime—I am near the 3 score and 10 mark—to the study and treatment of disease from an eclectic standpoint, he should have learned a few things at least, so well that he would have the right to say, I know. The treatment of La Grippe is one of the diseases which I believe I know!

It is needless to here discuss its symptoms, pathology or what not, as undoubtedly we all know the gentleman when we meet him, but will come at once to its treatment, taking up the various indications and the indicated remedy, as each peculiar condition calls for its own special remedy. These may be given singly, in alternation or in combination. I prefer the combination plan.

I usually start the case with a thorough "house cleaning," a full dose of Sal Hepatica is about as good as anything, as it is prompt and efficient. The further treatment of the case is strictly along the Bio-chemic line, and that only. I use the remedies in the 3d decimal trituration, 3x, in powder form, and those only prepared by the Luyties Pharmacy Co. of St. Louis, Mo.

The first, or initial stage, sore and aching condition of the muscles, or fever, in fact a general malaise, calls for Ferri Phos. In fact, the cases are rare that do not call for this remedy. Accompanying this condition you may find a sore throat or white coated tongue, this calls for Kali Mur. If the symptoms are more marked in the afternoon, or patient complains of chilly sensations—little chills chasing each other up and down the spine—Kali Sulph. will meet that con-

dition promptly. If the attack was preceded by, or accompanied with, sneezing, as is usually the case, or a watery discharge from the eyes or nostrils, or if little frothy blubbers are found on the tongue, Natrum Mur. is the remedy. If the patient is exceedingly nervous, Kali Phos. will promptly correct that condition.

This covers about all there is of La Grippe. Not all these conditions will be found in any one given case. First ascertain which symptoms are present, then select the indicated remedies. If 2, 3 or even 4 different remedies seem to be indicated, I mix them in equal parts and triturate. If you have the time, and so desire, you may form 10-grain powders. I usually leave them in bulk, make a sample powder of about 10 grains for adults—children in proportion—and direct that a similar powder be given on the tongue, dry, every half-hour for the first 3 or 4 hours, then every hour for a day, every 2 hours for the following day, and every 3 hours thereafter until all is taken. Don't allow any powder to be left as it would probably rob you of a fee provided any further cases developed in the family.

Let the patient drink freely of hot water, and a hot sponge bath, or a hot water injection, will not be remiss, and will give the anxious family something to busy themselves about.

These simple remedies are not only effective but pleasant to take—children cry for them—and your families will appreciate them far more than bitter nauseating drugs.

Some many say, this is not eclectic treatment. I was taught, and still maintain that any treatment that cures promptly and leaves no deleterious effect is eclectic.

Some sixteen or more years ago, when La Grippe first swept across this Western country, many fatal cases of Pneumonia resulted. Should indications seem to point to this complication, procure a wide mouth Homeo vial 34, fill it with Squibs or stronger Ether C.P., place it a half-inch below the patient's nose, and require him to continuously and with deep inhalations draw its fumes well into the lungs for 10 to 15 minutes, or until all pain is relieved. Repeat this every 1 to 4 hours as needed, and no pneumonia will result.

This inhalation is excellent treatment in the early or congestive stage in all cases of pneumonia. But I may tell you more about that some other time.

Crawfordsville, Ind.

Origin and Formation of Gall-Stones.

BY LEWIS LANZER, M.D.

(Read at the February meeting of the Kings County Eclectic Medical Society.)

The earlier physicians accounted for the origin of gall-stones in a purely mechanical manner, and attributed it to the inspissation of

stagnant bile : it was not until a later period that the opinion was arrived at that the decomposition of the bile, and its coagulation by means of acids, contributed to their formation.

During the last few years much attention has been given to the influence of bacteria in the production of gall-stones.

The organisms necessary to the formation of gall-stones in man obtain access to the gall-bladder and bile passages chiefly in two ways :

1st : Along the common duct from the duodenum.

2nd : By the blood current, chiefly from the portal vein.

The organisms capable of giving rise to stones are, the bacillus typhosus, the staphylococcus pyogenes, the streptococcus pyogenes, and the bacillus subtilus. More important than the individuality of the organism is its degree of attenuation.

The bacillus coli and the bacillus typhosus are the specific organisms concerned in the formation of cholesterin calculi.

The streptococcus pyogenes and the staphylococcus pyogenes aureus are rarely the causes of gall-stone formation.

When they are, the stone consists solely of calcium salts.

If the bacillus coli and the streptococcus or staphylococcus are present, the stone is of mixed formation, consisting of cholesterin, calcium salts, and bile pigment.

The bacillus subtilis grows well in bile, but does not alter it in any way.

The chief constituents of gall-stones, cholesterin and bilirubin calcium are produced by sub-acute inflammatory changes in the mucous membrane of the gall-bladder, which result in desquamation of epithelium and in an increased production of mucus.

(2) The injection of a virulent culture of micro-organisms produces an acute cholecystitis, without the formation of gall-stones.

(3) The injection of attenuated cultures causes no change if drainage from the gall-bladder is free.

(4) Retention of bile, brought about by the introduction of sterile foreign bodies, does not cause the formation of stone.

(5) If retention of bile be caused by ligature of the cystic duct or by the introduction of foreign bodies (which cause a stasis of the bile adhering to them and between them), and an attenuated culture be injected, stone formation will occur.

(6) The gall-bladder is the chief seat of the formation of gall-stones.

(7) The clumping of typhoid bacilli within the gall-bladder may possibly furnish an explanation of the occurrence of cholelithiasis after typhoid fever.

The mere concentration of the bile cannot be regarded as the cause of the separation of the matters by which gall-stones are formed :

the substances remain in a state of solution as long as the bile is unchanged, and they are not precipitated until the instable salt of soda, and the biliary acids are decomposed by the action of the mucus of the gall-bladder.

The commencement of this decomposition may usually be seen in bile which has been stagnant for a long time in the gall-bladder.

Stagnation and decomposition of the bile thus constitute the primary cause of the formation of gall-stones, in whatever way it takes place, either to bacteria or to chemical change.

Cholepyrrhin, which in its pure state is insoluble in water, is readily dissolved by cholate of soda and every alkaline fluid. The decomposition of the cholate of soda, no less than the conversion of an alkaline into an acid reaction of the bile, entails a separation of the cholepyrrhin. Hence, crystals of cholepyrrhin are usually found in abundance in acid bile, and in most cases they are accompanied by globules of cholein.

The cholesterin also separates in similar conditions of the bile.

It is still undetermined whether the increased quantity of cholesterin in the blood at an advanced age leads to an increased proportion of this substance in the bile, and so accounts in part for the greater frequency of gall-stones at this period of life.

At all events, the quantity of cholesterin in the blood is influenced by the secretion of bile: the former increases when the hepatic secretion diminishes.

The separation of pigment, cholein, cholesterin may thus be regarded as the consequence of the decomposition of the bile.

But whence comes the lime with which the bilirubin, the fatty acids, and the cholic acid, are for the most part combined?

According to observations, it is furnished, not by the liver, but mainly by the mucous membrane of the gall-bladder.

I have repeatedly found this membrane covered by numberless crystals of bilirubin-calcium, and I have in my collection a calculus removed from the cystic duct to which it was firmly attached, covered with crystalline masses of cholesterin on its free surface that was bathed by bile, while a thick crust of bilirubin-calcium was deposited over all that portion of the calculus which was in contact with the mucous membrane.

It is still undecided whether the bile, under certain conditions, may be overcharged with lime.

But simple precipitation of the substances above mentioned is not sufficient for the formation of gall-stones; the precipitates may pass into the intestine along with the other contents of the gall-bladder.

For the development of concretions, it is necessary that the precipitates be retained for a long time, and this end is promoted by the occurrence of catarrh of the gall-bladder.

The morbid conditions, upon which the formation of the nucleus depends, are not always the same as those to which the growth of the concretions is due; they may vary greatly, and the composition of the several layers varies accordingly.

The conditions upon which their very varying structure, and the arrangement and direction of the different layers, depends, are unknown. Gall-stones may be formed wherever bile is present.

They are found in any part of the excretory apparatus of the liver, from the roots of the hepatic duct at the margins of the lobules, to the opening of the ductus communis into the duodenum.

Gall-stones in the interior of the liver, in the branches of the hepatic duct, are rare in this locality.

Morgagni, however, long since showed that concretions had been found in the interior of the liver.

Biliary concretions in the liver most frequently present the form of small brown or black grains, existing in considerable numbers and filling up the ducts as far as their commencement.

Sometimes, also, we meet with larger round stones, or more rarely, with branched, coral-like concretions, which form casts of the ducts, and are sometimes solid, but at other times hollow.

The branches of the hepatic duct are dilated by these deposits, either uniformly or in a saccular manner; occasionally they are obliterated, and cysts are developed with thick, firm walls, enclosing the concretions, and, in rare cases, large stones are found encysted in the manner just described.

Moreover, that concretions may give rise to inflammation and ulceration of the bile ducts, and also to hepatic abscesses and pyelophlebitis, is well known.

Gall-stones are rarely arrested in the hepatic duct, because they only reach it from the small branches in the interior of the liver, and consequently pass on without any difficulty through the larger tube.

When the hepatic duct is blocked up by concretions, the immediate consequence is an obstruction to the flow of bile, extending over the whole of the ducts within the liver, and accompanied by all the symptoms to which such a condition usually gives rise.

Such a lesion would only be distinguished from an occlusion of the common duct by the absence of any distention of the gall-bladder.

Gall-stones are found most frequently, and in largest numbers, in the gall-bladder.

This organ is the peculiar locality for their formation.

Calculi may exist for a long time in the gall-bladder, without giving rise to any symptoms whatever.

Occasionally gall-stones appear to be developed in the glands of the mucous membrane of the gall-bladder, which have been carefully

described by Luschka. These glands lie in the wall of the gall-bladder and present only dark spots upon its inner surface, which correspond to the opening of the glands.

When the gall-bladder is filled up by a large solitary calculus, the mucous membrane is, in most cases, smooth, like a serous membrane, and in close contact with the concretion.

In occlusion of the common duct, the enlargement of the gall-bladder is merely a part of the general dilation of the bile-ducts, and rarely attains a high grade of development.

This form is accompanied by intense jaundice, together with all the other symptoms of occlusion of the common duct.

Occlusion of the cystic duct or of the neck of the gall-bladder, may be due to gall-stones or inflammation, the latter cause not infrequently leading to firm obliteration.

When the occlusion of the neck of the gall-bladder is produced by a gall-stone, it occasionally happens that the concretion acts in the manner of a valve, permitting the entrance of bile into the gall-bladder but preventing its egress.

When the occlusion of the neck of the gall-bladder is more complete, owing to the impaction of a gall-stone, or when the neck is obliterated from other causes, the admission of bile into the gall-bladder ceases, while the isolated remnant of bile is gradually absorbed, and its place is supplied by the secretions from the walls of the gall-bladder which is sometimes of a mucous character resembling synovia, and at other times of a serous nature, according as it is mixed with the secretion of the mucous glands of the distended wall, or as the mucous membrane, in consequence of the distention, has assumed more of the character of a serous membrane. Ultimately, not a trace of bile remains.

If we make any attempt to trace the main causes of the formation of gall-stones, our knowledge is still found to be defective in many particulars.

It is interesting to remember that gall-stones are found in the foetus; and, that the intestinal canal of the foetus is sterile.

Brooklyn, N. Y.

Principles of Psychotherapy.

BY J. THORNTON SIBLEY, A.M., M.D.

(Read at the February meeting of the Kings County Eclectic Medical Society.)

By a great many persons, including some members of the medical profession, Psychotherapy is considered only pseudo-scientific, and there are to be found in the lay and medical press so many misstatements concerning it, and there abound in the minds of the people so many erroneous ideas, that it is no wonder that cynical skepticism and unreasonable criticism have followed it at every step. The critics as

a rule are uninformed. They have acquired their knowledge often from irresponsible or ignorant writers, and jumped at conclusions without proper investigation.

There is innate in the human mind a love for the miraculous, and in the field of hypnotic suggestion may be found interesting and nominal phenomena that tend to satisfy this desire. The belief that certain persons are possessed of some occult power through which they are able to sway the minds of others, even against their will, compelling them to act out any suggestion given is all too common among the laity. This belief is not confined to the ranks of the ignorant; it has its believers among the most cultured and refined; and sometimes a positive stand for strictly scientific psychotherapy results in unpleasant controversy and incidentally in the loss of patients. The experienced psychotherapist does not take issue with a strong-willed patient; and although it is not necessary to agree with him, he must not be wholly disturbed in his belief. This is well illustrated in what is known as "absent treatment." To the scientific mind nothing can be more ridiculous than such a belief; and yet it cannot be ignored in the practice of psychotherapy. I have had decided and beneficial results from such treatment. Let me cite an example: About a year ago, I had a patient in the person of a most estimable lady, who suffered very much from periodical attacks of rheumatism. After having had her under treatment for a few weeks, she asked me, very unexpectedly one day, if I ever gave absent treatment. The serious tone of her voice and the earnest expression of her countenance, were a guarantee that she meant just what she said. She is a lady of fine education, wealthy, travel-taught and with an abundance of good common sense. The suddenness of the question almost threw me off my guard; but recovering my composure in a moment, I said that I much preferred the actual presence of the patient, but that I sometimes sent out a few "healing waves" that seemed to do good. Whereupon she insisted that, at exactly a certain hour each evening, I should go into the "silence," concentrate my thoughts on her and send her a few "waves." I never gave the matter a thought after leaving her; but at each subsequent visit she informed me that the "waves" had reached her on schedule time and had benefited her very much. She took no medicine of any kind while I had her under treatment, and her rapid improvement and splendid recovery were not due alone to the treatment in person, her mind was thoroughly impressed with the idea that I could benefit her by absent treatment, and, through a sort of auto-suggestion, she improved.

The most ardent supporters of psychotherapy sometimes do it as much harm, through their extravagant claims, as that done by those who denounce the whole system as quackery. When a practitioner of psychotherapy who has been engaged in the work for twenty years,

a graduate of a well-known medical college, and who by his long experience ought to be considered authority in such matters, claims that a dose of ten grains of strychnia will have no effect whatever, if followed by the suggestion that it can do no harm, the whole matter is brought into disrepute. When a Christian Science healer, who is really a practitioner of psychotherapy, claims that a finger that has been dismembered for years can be grown again, he invites the attack of reasonable persons.

Experience has demonstrated that certain unhealthy states of mind are usually accompanied by certain derangements of bodily functions. These unhealthy states of mind may be due to various causes. Sometimes to unpleasant environments, or to certain depressing and dissipating emotional conditions, or to fear, or to constant introspection. Frequently these modes of mental activity become confirmed habits, and these conditions are not confined to those whom we usually designate as neurotics. Whenever some healthy mental state is substituted for an unhealthy one, these functional disorders disappear. The visceral functions may be affected in a marked degree by some mental state. The heart's action may be increased, muscular energy augmented, blood pressure altered or the action of the salivary glands changed. On the other hand, peristalsis may be inhibited, gastric secretion suppressed or the functions of the sweat glands changed. These changes are frequently observed during painful and depressing emotions and in unusual mental activity.

That psychotherapy is far more scientific than the therapy of drugs and chemicals cannot be denied. The vast fund of useful knowledge possessed by the physician has been gained principally through experiment and observation, and the science of medicine is empirical at best. The effects of Lobelia, Aconite and Bryonia were discovered after certain experimentation. No power on earth could enable the investigator to determine the effect of any of these valuable remedies before actual trial. And the same thing might be said of chemical medicines. Who knew before actual trial that sulphate of zinc would produce emesis; that iodine would produce alterative effects; that bromine compounds would allay nervous irritation. On the other hand, the phenomena of psychotherapy are the results of clean cut laws. To be sure, the whole system is founded on a theory, but in this respect it is no less scientific than astronomy, founded on the theory of gravitation or the science of chemistry founded on the theory of atoms. If we consider that psychotherapy has a limited field, is helpful in that field alone and that it is not a universal panacea, as many of its advocates would have us believe, we have a reasonable starting point from which we can progress with certainty. The laws governing the phenomena of psychotherapy have been deduced from experiments extending over a long period of time, and these phenomena are so fully recognized as scientific facts,

that the skeptic is not skeptic at all, but ignoramus; for the means of acquiring confirmation of these phenomena are so numerous and so readily accessible, that the ignorant alone can doubt their truth. Although several distinct schools have been established on several distinct theories, the magnetic school of Mesmer, the physical school of Braid, and the psychic school of Liebault, the general phenomena are much the same, varying with the particular methods used. In the modern school of Liebault, the whole structure rests upon the theory of the dual mental organization of man, and the susceptibility of the subjective mind to the power of suggestion; that it cannot reason inductively and that it has control of the functions and sensations of the physical body. When a general statement is made, its ability to reason deductively is marvelous in its accuracy; but it is unable to take a number of facts, consider them as a whole and deduce some general law or principle therefrom. Deductive reasoning assumes the correctness of the hypothesis given, and takes no note of the truth or falsity of the proposition stated; but concerns itself only with what must necessarily follow if the proposition be true. The experiments of the professional hypnotist illustrate this point. If a man in the hypnotic state be told that he is ten feet tall, and that he must pass from one room to another, he will stoop low in passing through the door in order that he may not bump his head which he believes to be towering ten feet above the floor. Inductive reasoning takes a number of separate instances or facts, compares them with each other till some common factor is discovered that will harmonize with them all. One process proceeds by the application of general principles, the other by comparison of facts. Experiments innumerable have been made upon persons in the hypnotic state that confirm most conclusively the statement that the subjective mind is incapable of making selections and comparisons which are absolutely necessary in inductive reasoning; and that it is logical to a marked degree in deducing conclusions from general statements, true or false. The subjective mind in a normal person is dominated by the objective; and experiments show that the subjective may be controlled by the objective mind of another. When under the control of another, we may experience a complete transfer and personality; the subject being, at the will of the operator, a man, a bird, a beast, or a fish.

The powers of the subjective mind far transcend those of the objective through the medium of the physical senses; as seen in telepathy and clairvoyance. One of the most important facts connected with the subjective mind is that it is the builder of the body, and restoration to health may often be accomplished by proper suggestion as to strength and vigor. The subjective mind is impersonal in itself, as it instantly assumes any personality impressed upon it by suggestion; and association with the objective mind gives it a realization of its own personality;

and it builds up the body to correspond to the personality impressed upon it; in other words, our bodies represent, in no small degree, the aggregate of our beliefs. A fixed belief that our bodies will be benefited by certain drugs, or by certain habits of life, will fashion a body in accordance with that belief; and the healing effect of medicine through its suggestive power alone is too well known to admit of consideration here. The hypnotic state is the normal state of the subjective mind. It can conceive of itself only in accordance with some suggestion presented to it. The abnormal feature in hypnosis is the removal of the normal control of the objective.

In the various methods of mental healing there are broad principles in use, which derive their efficacy, not from the peculiarity of each special method, but from the higher law of psychology. Change in belief is usually considered the basis of healing in psychotherapy; inasmuch as the subjective mind creates that which is impressed upon it by the objective; but that psychotherapy is a faith cure, is a most erroneous conception. Objective faith may be entirely wanting. Subjective faith which is necessary can be readily instilled, no matter what the objective beliefs, whenever a state of hypnosis prevails. To change a belief of the objective can be done only by appealing to reason; and to tell a person who is suffering from some painful disorder that he has no pain tends to excite ridicule. But when the subjective is reached, these statements are readily accepted as facts; in other words, the belief in pain has been removed for the time. When a patient is impressed for a time, and then becomes afflicted with the old symptoms again, the new belief in his improved condition has not for some reason penetrated the innermost depths of the subjective; and further treatment is indicated. Each succeeding treatment makes the subjective take a firmer hold upon the new belief, until at last the results are permanent. Any antagonism on the part of the patient, will throw up a barrier that the healer cannot overcome, and to remove such barrier is not only desirable but absolutely necessary in order that satisfactory results may be obtained. The aid and consent of the patient is always necessary.

Mental healing is closely allied to telepathy, clairvoyance and other kindred manifestations of transcendental power often witnessed in the activity of the subjective entity; and these phenomena, though not fully comprehended, and which still offer one of the most important fields for scientific investigation, have nothing to do with the magical or occult, but are the results of the operation of laws as accurate as those which govern common physical phenomena.

The subjective mind is the seat of the emotions, and every emotional state is a subjective state; for emotion dethrones the objective; and, as objective consciousness means a reasoning condition, it follows

that a person who is overcome by emotion, cannot for the time reason in the usual acceptation of the term. Emotional shocks often leave after effects which manifest themselves by functional disturbances of the nervous system; these disturbances becoming sometimes veritable psychoses.

The subjective mind is the seat of memory; and all our experiences, things that we have felt, seen or heard, are conserved perfectly; and in such a way that they can be experienced again, or rather reproduced in some measure approaching the original. The fact that we do remember, that we can recall by an effort of the will, the experiences of the past, demonstrates the correctness of this position. Nothing is ever completely lost to consciousness; but whether the method of preservation be chemical, physical or otherwise, we are unable with our present knowledge of the laws of psychology to say; but careful experiments along this line lead us to believe that the impressions left upon the memories have a tendency to reproduce original experiences, whether the reproduction be an idea, a physical effort or a physiological reaction. As a rule, mental experiences are associated with physiological reactions; and these experiences when reproduced in memory are accompanied by these reactions. Fright originally accompanied by palpitation of the heart and muscular weakness will give rise to these disturbances when again experienced. Physiological reactions of the salivary glands produced by something appealing to the sense of sight will be reproduced when the original sight is again presented. The nervous system is especially faithful in conserving and reproducing its experiences. Those things that are most frequently repeated, or which possess a powerful emotional tone, are usually most persistently conserved. Repeating a verse of poetry, or a section of prose many times will cause it to be conserved, and a movement often repeated becomes automatic; in fact, in many cases of mechanical labor, or physical exertion, the action is useful only when it becomes automatic. All our experiences, no matter under what circumstances they have been formed, become part of the knowledge of the storehouse of memory, and may be reawakened and utilized in the most practical affairs of life. Experiences under hypnotic influence are stored away and conserved, just as those acquired through the operation of the objective consciousness; and they may affect the beliefs, emotions, or feelings of the individual, whether the personality be conscious or not. Hypnosis is emphatically a state of relaxation and abstraction in which there is increased susceptibility through which a powerful influence may be exercised upon the personality of the individual. Amnesia, which has been brought about by some emotional trauma, in which the experiences of days or even months are forgotten, is frequently only functional and may be overcome by the influence of powerful hypnosis.

The vital functions may be increased by certain sthenic emotions, or decreased by depressing feelings; in other words, exalting emotions have a pleasant and synthesizing effect, while depressing emotions have a disintegrating effect. Depressive memories, whether accidentally impelled through the power of suggestion or originating autochthonously develop a condition of exhaustion often followed by accentuation of neurasthenic conditions; while pleasing ideas develop conditions of vigor, strength and endurance. It is therefore readily seen why a proper dehypnotization is necessary.

Suggestion in relieving disordered or perverted functions uses the normal mechanism of the mind to affect the physiological machinery of the system, and always acts in accordance with physiological and psychological laws; and it should be remembered that the hypnotic state of itself is not curative; but is induced because such a state is especially favorable for the reception and retention of suggestions; that the hypnotic state is neither abnormal nor pathological, but simply unusual; and that the weak-minded and hysterical are not so amenable to hypnotic suggestion as those with strong, well-cultivated and well-disciplined wills, where intelligent co-operation can be given.

Brooklyn.

Items from the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

This is March—the month of the State meeting, consequently we must cut out items somewhat for this issue of the REVIEW. It is an important month for all of you, and you must make all possible efforts to attend the State meeting at Albany.

Krausky, in his studies of epilepsy, found that on the days it attacks, or just before the attacks, the output of urea is greatly diminished. In this condition—the system seems to form ammonium carbonate instated of urea. This compound gives off ammonia which (according to Krausky) causes the fits.

Mendel, in his "Text Book of Psychiatry," on page 130 says: "Auto-intoxication, through affections of the liver and kidneys, undoubtedly plays an important part also in the development of internal diseases." I do not dispute this statement, in fact far be it from poor me even to dare to argue with so eminent a man as Dr. E. Mendel,—yet—I have seen (and so have you, perhaps) many mental diseases where affections of the liver and kidneys did not develop till very late after the mental trouble has been well established; then again, we have seen any number of mental diseases where auto-intoxication played no part whatever.

March 27 and 28, two days, days that will be remembered in the history of Eclecticism of the State of New York. Why? Come to Albany and find out. We will all be there waiting for "you."

In some cases of acute mania, elimination must be looked after. The condition of the bowels here should receive your attention, you may be able to cut the course of the disease somewhat.

G. Etienne reports a case of a man, 70 years of age, showing chronic trophedema of the left arm caused by trauma. It began with pain in the palm of his left hand, which was bruised, the pain gradually growing worse. A month later, a slight swelling appeared without any apparent cause, spreading over his hand and fingers, wrist, forearm, elbow, and lower part of the arm proper. The color of the swelling is whitish. The edema is hard, difficult to pit, and leaves no depression. Sensibility to touch and pain is intact.

The injections of alcohol into the sciatic nerve for sciatica are not advisable, since, I am sure, some motor disturbances of a grave character will positively follow.

Am I going to Albany for the State meeting? Sure, who is not going? Everybody will be there. Just wait and see.

Pierce Clark contributes some new things to the pathology of refrigeration facial palsy. His cases were by faciohypoglossal anastomosis, four months and twelve years respectively, after the onset of paralysis. At each operation, a piece of the facial trunk was removed for microscopic study. In the first case, the nerve trunk was in a state of incomplete degeneration. There were marked invasion of the tissues with leucocytes, and the neurilemma cells were shrunken and shriveled. In the second case, the nerve fibres were completely degenerated, showing but occasional granules belonging to the myelin sheath. There were no undegenerated fibres. From both the pathologic and clinical evidence, facial paralysis is a degeneration, and not a neuritis.

The early manifestations of paranoia include irritability with excitement, studied disobedience, moodiness, desire for seclusion, perverted sexual instincts, dreamy indolence, inordinate satisfaction with his own opinion, a habit to demonstrate other's inferiority, periods of depression.

Will see you at Albany, do not forget the dates, March 27 and 28. We will wait for you.

70 Rogers Ave., Brooklyn.

• **Materia Medica and Therapeutics**

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

A Brief Re-Study of Wooster Beach's Remedies.

NO. II.—BERBERIS VULGARIS.

This tree, commonly known as barberry, was introduced into Spain by the Arabs, and later became common in Europe, Western Asia and the United States, and especially so in the New England States and Virginia. *Berberis* is the Arabian name for the fruit. The bark of the root and the leaves are used in medicine. The bark is inodorous and has a bitter taste.

Barberry is an efficient tonic, laxative, febrifuge and astringent. It constitutes an excellent tonic in debilitating and anemic conditions, and is especially valuable when the tongue is deep red or brownish in color. It promotes natural secretion, favors the flow of gastric juice, and aids the digestive organs in their work of assimilation. In jaundice it is used with good results, and in malarial diseases it exerts a curative influence. Barberry exercises a direct action upon the kidneys and bladder, and is employed with marked advantage in abnormal states of these organs. Its action upon the liver is equally active, and in diseases dependent upon a pathological state of this organ it affords a medicament of great usefulness. Barberry is especially indicated when there are tearing pains in the renal region, as well as when there are pains extending down the back, or down the ureters into the bladder.

In writing of barberry Dr. Beach said: "The berries contain a very acid and red juice which forms a pleasant and useful drink in fluxus and malignant fevers, abating heat, quenching thirst, raising the strength and preventing putrefaction. Barberry added to good hard cider is very useful in jaundice. Here we not only get the good effect of the barberry, but also that of the hard cider. I often employ the latter in typhoid and typhus fevers. Prosper Alpinus says that he attributes his recovery from putrid fever, accompanied with a bilious diarrhea, to eating the fruit of the barberry. Simon Pauli gives a similar account of the berries. J. Bankin recommends the same remedy in dysentery."

The following are among the reliable specific indications for barberry most frequently seen. Relaxed and catarrhal conditions of the gastro-intestinal mucous membranes; atonic dyspepsia;

jaundice; chronic diarrhea and dysentery; bilious colic; sharp pains under the ribs or down the ureters.

The dose of the fluid extract of berberis vulgaris is from 5 to 60 drops. Usual dose, 30 drops.

Pleuritis and Four of the Remedies Used in Its Treatment.

If care is used, pleurisy can scarcely be mistaken for any other affection. The only diseases that might be mistaken for pleurisy are pleurodynia and intercostal rheumatism. If we remember, however, that the friction sound is always present in pleurisy, and never in the other two affections, we can readily distinguish the one from the others.—*Thomas' Practice*.

ACONITE.

In pleuritis, aconite is the first remedy to be thought of in the initial stage. * * * * The chilliness, cutting pain on respiration, sharp cough and dry skin and mucous membrane, all point directly to it; but as soon as effusion to any great extent occurs, the agent may be dropped and the other remedies continued—*Ellingwood's Materia Medica*. In all forms of disease, when the pulse is small and frequent, aconite lessens vascular excitement and the rapidity of the circulation, promotes secretion from the skin and reduces the temperature. Its action in pleurisy and other inflammations, is as pronounced as in fevers.—*Fyfe's Specific Diagnosis and Medication*. In pleurisy, in the early stage, with a marked chill, cough, sharp pain on respiration and pressure on the intercostal spaces, aconite is the remedy.—*Locke and Felter's Materia Medica*. Internally, we administer aconite during the febrile stage of pleurisy when the pulse is small and frequent.—*Mundy's Diseases of Children*. In pleurisy, for the small and frequent pulse, aconite is the sedative to be selected.—*Thomas' Practice*.

ASCLEPIAS.

Asclepias is specific to pleuritic pain, both of the acute and sub-acute variety. * * * * The writer prescribes this agent with positiveness, and has yet to be disappointed. If effusion is present, its rapid removal is facilitated. The pain and distress abate, the cough disappears, the respiration becomes free and natural. * * * * He has treated with this remedy the "stitch in the side," which had been present for many months after pleurisy, and has removed it satisfactorily.—*Ellingwood's Materia Medica*. Asclepias is employed in pleurisy with splendid results. If one will test it in a severe case of pleuritic pain, administering from fifteen to thirty drops of the specific medicine in hot water, a few doses thus employed will remove all doubts of the activity of its medicinal properties. No other remedy, under such circumstances, can equal its relieving effects.—*Fyfe's Specific Diagnosis and Medication*. Pleurisy is among the diseases most likely to call

for asclepias. Given in hot water it will promptly remove sharp, cutting pleuritic pains.—*Fyfe's Materia Medica*. Asclepias is a good drug in pleurisy. It is never offensive to the stomach, and may be given with any other agent.—*Locke and Felter's Materia Medica*. We use asclepias in pleurisy when the skin is dry and there is difficult, dry cough.—*Mundy's Diseases of Children*. Asclepias is an excellent remedy in pleurisy. Where the pain is severe and moves about, is not constant at one point, and the skin, not either dry or moist, no better remedy can be given.—*Thomas' Practice*.

BRYONIA.

In pleuritis, the indications for bryonia are usually all present. Uncomplicated cases will yield to this agent alone. Usually, more rapid results will be accomplished by alternating it with aconite or asclepias tuberosa. It must be continued if effusion be present.—*Ellingwood's Materia Medica*. In pleurisy, bryonia is nearly always essential to good treatment, and when effusion has taken place, it will induce absorption of the fluid in many cases which would prove fatal were this medicament neglected. In this disease, when there is tensive, sharp or lancinating pain, its relieving influence is promptly manifested.—*Fyfe's Specific Diagnosis and Medication*. In pleurisy, when insidious or complicated, bryonia is the remedy. Whenever the pleura is affected, be sure to use this drug.—*Locke and Felter's Materia Medica*. In pleurisy, we use bryonia for the sharp pleuritic pain. This remedy is not only good in the first stage, but it is also useful after effusion has taken place, as it hastens absorption.—*Mundy's Diseases of Children*. Bryonia is the remedy of remedies in respiratory lesions with chest pain. In pleurisy, the sharp lancinating, stab-like pains, will call for bryonia.—*Thomas' Practice*.

VERATRUM.

In pleuritis, * * * * always, at the beginning of the acute stage, * * * * veratrum may be given, and will retard, and often throw off, the attack.—*Ellingwood's Materia Medica*. In pleurisy, veratrum is many times a most useful remedial agent. When indicated by the full and bounding pulse, it is the ideal sedative in inflammation of the respiratory organs, or the serous tissues.—*Fyfe's Specific Diagnosis and Medication*. The destructiveness of the disease is in proportion to the increase in temperature. Hence, the value of veratrum in pleurisy and other inflammations.—*Locke and Felter's Materia Medica*. In pleurisy, we administer veratrum internally when the pulse is full and strong.—*Mundy's Diseases of Children*. In an extreme case of pleurisy, there will be high temperature, the pulse will be full, strong and bounding. The face will be flushed, there will be throbbing of the carotids, and the pain intense, agonizing in character, and veratrum should be given every two or three hours.—*Thomas' Practice*.

Eryngium for Old Men.

Specific Eryngium, in cases of irritable bladder and prostatic trouble of old men, has proved a God-send, and where every other thing failed. I use it in full doses.

G. V. KETCHUM, M.D.

Iris in Goiter.

I have used Specific Iris in many cases of simple goiter, and have found that a marked reduction of the gland followed every time. I use it both externally and internally.

JOHN HUECKER, M.D.

Tiger Lily in Congestion.

There is no remedy better than tiger lily for uterine and ovarian congestion.

G. B. M. ERWIN, M.D.

Society Meetings
SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Washington, D. C., in June, 1912. A. F. Stephens, M. D., president; W. P. Best, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1912. T. D. Adlerman, M. D., president; E. H. King, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. H. Harris, M. D., president; M. B. MacDermott, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. John Birkenhauer, M. D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M. D., president; A. B. Wolf, M. D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M. D., secretary.

Eclectic Medical Society of the City and County of New York.

The regular monthly meeting of the Eclectic Medical Society of City and County of New York, was held in the College Auditorium, Thursday evening, Feb. 15th, 1912.

Dr. H. Harris presiding.

The minutes of previous meeting were read and approved.

Dr. Brandleone read a paper on the Treatment of Tuberculosis with "Dioradin," an oleaginous preparation said to consist of Menthol, Iodine and Radium-Barium Chloride. After giving a graphic description of the familiar tubercular patient, and showing photographs of a patient before and after treatment with "Dioradin," the

doctor described in detail the method of treatment. He presented two cases (who are under treatment), one, a boy 8 years of age, with bone tuberculosis, the other, a man 30 years of age, with pulmonary tuberculosis. Both patients are improving perceptibly, Drs. Heeve, Pearlstein and Sillo discussed the paper, after which a vote of thanks was tendered to Dr. Brandaleone for his interesting essay and clinics.

Dr. Hardy proposed for membership, Dr. Harry C. Saunders. On motion it was decided to take the usual course.

The secretary read a communication from the *Public Service League* of Brooklyn, calling attention to the recent order of the Board of Health in reducing the number of physicians and increasing the number of nurses in the Department, and asking the co-operation of this Society to protest against the condition.

The Society deferred taking any action in the matter until next meeting. After which the Society adjourned.

M. B. MACDERMOTT, *Secretary*.

The Eclectic Medical Society of the State of New York.

Saratoga Springs, N. Y., February 15, 1912.

Dear Doctor:

The annual meeting of this society will be held in the Common Council Chamber, City Hall, Albany, N. Y., on Wednesday and Thursday, March 27th and 28th next.

If you are a member of this society nothing but the most extenuating circumstances should keep you from attending. You are an integral part of the organization and your presence and support are needed. Your Eclectic spirit is appealed to and we sincerely trust that this spirit will prompt you to make an extraordinary effort to be present.

If you are not a member, an earnest and cordial invitation is extended to you to attend. A most entertaining and interesting literary program has been arranged and several Eclectics of National reputation will be present and make addresses.

Let us rally around our society and not only maintain it as the best medical society in our state but make its numbers and activity such that its influence will be felt throughout its jurisdiction.

Yours fraternally,

EARL H. KING, M.D., *Secretary*.

New York Specific Medication Club.

The regular monthly meeting of the Specific Medication Club was held in the College parlors on Thursday evening, Feb. 8th, 1912. The meeting was very interesting to those present. Dr. Brandaleone read a paper, "Pulmonary Tuberculosis treated with Dioradin," and presented the patient for examination. A male about 30 years of

age, married, had been working as clerk, indoors. Diagnosis of Tuberculosis had been confirmed by sputum examination by Board of Health. Had much cough with copious expectoration, night sweats, loss of weight, temperature, etc., the lesions being in the left upper lobe of lung. The remedy Dioradin was given by hypodermic injections of 1 c.c. intramuscular (buttocks) on alternate days. After the twelfth injection there was no more temperature. The patient is now on the second series of forty injections. The patient has gained in weight, no cough or expectoration, and examination of sputum is negative. The results in this case have so far been most satisfactory. There has been no special treatment as to mode of life regarding place of residence, work or food so that it is hard to ascribe the improvement to anything but the drug used. Of course, this is but a single case, but Dr. Brandaleone has about twenty-five other cases under observation on which he will report later on. The results in this case certainly seem to warrant a trial of the drug in these conditions, but until more cases are reported where it has been given, we must consider it as still on trial. It is stated that it has been used in Europe with great success and Dr. Von Unruh stated a doctor friend of his claims to have cured three cases with this remedy. There was quite some discussion by the members, which was closed by Dr. Brandaleone who stated that while he could not as yet make any positive assertions, but on his experience so far thinks the remedy worthy of confidence. The hour being late, the study for the evening, "Influenza, Its Specific Treatment," was not taken up, and the meeting adjourned.

Next meeting, Thursday evening, March 14th, in conjunction with the County Society.

Respectfully,

JOHN BIRKENHAUER, M.D., *Secretary.*

A Pleasant, Efficient Laxative.

The desirable qualities of a first-class laxative are efficiency and freedom from unpleasant taste. The lack of either to just that extent disqualifies the product for use in the treatment of chronic constipation. That it is difficult to find a palatable and efficient laxative in the same medicament is a pretty generally accepted fact. It is possible to do so, however, and Cascara Evacuante may be cited as proof of that possibility. This preparation is pleasant in taste, and in doses of 15 to 30 minims in water it performs its duty quickly and well, without incidental nausea or distress. That is why children rarely object to taking it, and adults prefer it to other preparations.

The product is manufactured by Parke, Davis & Co., and is procurable from any well-stocked retail pharmacy. To avoid confusion with other so-called aromatic cascarae, however, it is well to specify clearly "Cascara Evacuante, P., D. & Co."

Selections

A Study of Bryonia.

BY F. P. MCKINSTRY, M.D.

The following interesting study of Bryonia is taken from "The North American Journal of Homeopathy."

With all of us the tendency is more or less toward favoritism in the choice of remedies.

I confess a weakness for bryonia, and yet as in the case of Pos-tum "there is a reason." Which of all the polycrests act so generally and powerfully upon the tissues and organs of the human body?

Cowperthwaite remarks: "Bryonia acts especially and powerfully upon the serous membranes and the viscera they contain, more particularly the pleuræ and lungs; next the brain and finally the liver. Then comes the action upon the synovial membranes and muscular fiber, and last upon the mucous membranes of the respiratory and alimentary tracts."

Bryonia, alba, wild hop, natural order, cucurbitacæ, is a perennial climbing vine with extremely large roots, whose habitat is middle and southern Europe.

Its physiological action is that of a hydrogogue cathartic, and at one time it was quite extensively used by the dominant school, but as it is so harsh in its action, and gave rise in some instances to inflammation of the stomach and intestines, its use has long since been discontinued.

Its cathartic action is really all that can be learned from old school sources, unless we include the more recent uses of the drug in small doses on indications furnished by our materia medica.

Bryonia is one of our oldest remedies, having been proved by Hahnemann and introduced into homœopathic practice by him in 1816.

Allen's Encyclopædia gives provings of three varieties under one heading, and the British Pharmacopœia considers bryonia dioica as identical in its effects with bryonia alba, but Hahnemann's experiments were with bryonia alba only, according to the old pharmacopœia.

In "A Pathogenetic Materia Medica," published in 1897 by the Medical Investigation Club of Baltimore, we have a very interesting account of the original provings of bryonia as recorded in the Cyclopædia of Drug Pathogenesis, and upon this my study is based.

"They consist of tests made with preparations of bryonia alba, ranging from the freshly expressed juice up to the eighth dilution.

"The conclusions are drawn from 22 provings, and three cases of poisoning, as well as experiments on animals. As shown in post mortem appearances in the lower animals dead from the effects of the white bryony the mucous membrane of the respiratory tract becomes congested and even highly inflamed. The lungs becoming so profoundly affected as to sink in water. The intestines are inflamed with ulcerative tendencies and the liver and the kidneys also show an abnormally plethoric condition.

"The serous tissues are also affected. The cerebral and spinal meninges are congested and even the vessels of the brain are too full of blood, while the plural sack is inflamed."

Certainly very interesting and suggestive from a pathological standpoint, and a study in detail of the symptomatology would also be interesting, but we have time but for a glance.

For instance, under heading "stomach and abdomen" 10 provers had impaired appetite and 5 complete anorexia, 7 had thirst, 8 had eructations, 9 nausea, 5 sensation of fullness in the stomach, 3 had sensation as of stone lying in gastric region, 5 had sensation of distension, 2 had pains in abdomen, in 6 the abdomen was distended and in 3 tympanitic, 14 had intestinal disturbance, as evidenced by pain, rumbling, distension, etc.

Think for a moment what a vista this symptomatology opens up. We have here our warrant for the use of bryonia in the varied list of liver, gall bladder, gastro-enteric disorders, including typhoid fever and peritonitis.

In studying bryonia, we naturally turn to the respiratory organs and under this heading we find 8 provers had cough, in 5 it was dry, 4 had expectoration of mucus, in 2 greenish in color, irritation of larynx with cough was experienced by 3, 11 had impeded respiration and in 4 the breathing was accelerated, 13 developed pains in the chest, in 5 it was confined to the sternal region, in 7 the chest pains were stitching, in 2 aching, 2 tearing, 2 shooting, in 6 pains were worse by movement of chest muscles and in 3 by inspiration.

These subjective symptoms, in connection with the pathological findings referred to, establish a pretty strong case of drug affinity in diseases of the lungs and pleuræ.

In closing under heading of Symptomatology, we will notice some indications for bryonia in rheumatism as brought out in these provings. 18 provers out of 22 had pains in limbs, 9 in joints, pains described as drawing, 7 tearing, 5 stitching, 8 had pains in shoulders, 7 had pains in arms, 2 had pains in elbows, 6 in forearm, 6 in wrists and 2 in both wrists, 6 had pains in fingers, and in two provers the finger joints were painful and swollen, 2 had pains in hips, 9 in knee, 4 had pains in ankle, 6 had pain in foot, 8 had pain in toes. In

summing up, the editor says very tersely, "If there be any truth in homeopathy, then bryonia is par excellence a rheumatic remedy."

Our eclectic brethren have cultivated the therapeutic field extensively and their indications for bryonia are of interest to us.

I quote from one of Lloyd's publications, "Bryonia is a remedy for serous membranes, in rheumatism, and diseases of the parenchyma of the lungs. Bryonia is the remedy for pain aggravated by motion, being decidedly curative in pleurodynia and rheumatic conditions of the chest. It is a remedy of the first importance in pleurisy, pneumonia and la grippe. It is the remedy for dry, rasping, hacking cough, often explosive, and attended with more or less pain, sharp and tensive in character. Cutting pain in the liver region calls for bryonia, and it is a first-class remedy in frontal headache, with hyperesthesia of the skin, tenderness of the scalp, in fevers with marked debility, deepened color of mucous tissues, capillary sluggishness, dry tongue and tendency to delirium, and in orchitis, peritonitis and mastitis. It is the remedy for stiff and swollen rheumatic joints, with aggravation of pain upon movement."

I am interested in a little work by Dr. Blair of Harrisburg, Pa., entitled "Materia Medica and Therapeutics." The work is dedicated to the "Optimist in Therapeutics" and claims to be a record of "The most important therapeutic developments of sectarian medicine as explained along rational lines."

He says, "This drug is one peculiarly well justifying a book like the present volume. It is rapidly coming into use among regular physicians. From rather extended personal employment of bryonia, it impresses me as a highly useful remedy. In small doses bryonia is a highly useful agent in the treatment of thoracic and pleuritic acute inflammatory states with hacking cough and painful inspiration. Hence its value in pleurisy, pneumonia, and acute bronchitis. In the early stages of these diseases it alternates well with aconite. In typhoid pneumonia, it is an excellent remedy, and in pleurisy it slowly removes effusion when present. It possesses a marked advantage over aconite in the fact that its administration can be long continued, while aconite usually should not be.

"In abdominal diseases its influence is felt more especially in peritonitis, and in every mild case it will control the pain without opium. A tender, sensitive liver is much relieved by this drug.

"Pericarditis with exudation, congestive headaches, mild meningeal attack with slight effusion, non-septic in character, rheumatic inflammation of the heart or pericardium and orchitis are all diseases in which bryonia finds a place.

"Rheumatic fever and arthritic trouble generally with serous

effusion, as well as chronic rheumatic affection with stiff and swollen joints, all respond kindly to the drug.

"For children, or for long continued use, the first decimal dilution does nicely, and there are many cases in which reducing the dose gradually, gives better results than does increasing it."

In closing, you may agree with me that my fondness for using bryonia may not be a weakness, but rather the following of the apostolic injunction "Prove all things. Hold fast to that which is good."

Fuel for the Body.

One of the best means of supplying the body with fuel is cod liver oil, for in it are the elements needed by the tissues to take the place of those lost in the phenomenon of energy-production. This is the reason that cod liver oil is widely resorted to for the purpose of restoring strength and energy to an organism, reduced in vigor as a consequence of a protracted illness. In the selection of a special preparation of the oil, the two determining factors should be: 1st, efficiency; 2nd, palatability, and since these two requirements are clearly met by Cord. Ext. Ol. Morrhuæ Comp. (Hagee), it is in a vast majority of cases, the agent of choice. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) contains in pleasant form the active principles of the oil, reinforced by the hypophosphites of soda and calcium, and may be ordered with every confidence in its power to charge the tissues with needed fuel.

Book Reviews

"The National Eclectic Medical Association Quarterly." Edited by William Nelson Mundy, M.D., Forest, Ohio. Subscription price \$1.00.

The Eclectic profession has every reason to feel proud of the organ of the society, and Dr. Mundy deserves the thanks of every member for the able manner in which he presents his editorials, selections, etc.

Among the contributed articles in this number we desire to call attention to Prof. Russell's "Surgery of the Thyroid Gland and Adjacent Tissues." To this article every Eclectic can point with pride, for here it is proven conclusively that to our branch of the profession and to Prof. L. E. Russell personally must be given the credit of the pioneer's work in this important branch of surgery. The article is wonderfully illustrated and Dr. Russell's descriptions are clear and precise.

Many other articles in this number are very interesting and in-

structive. If you have not received a copy, write to Dr. Mundy at once.

"Cancer, Its Causes, Symptoms and Treatment. Giving the results of over Forty Years' Experience in the Medical Treatment of this Disease." By Eli G. Jones, M.D., Member New Jersey State Eclectic Medical Society; National Eclectic Medical Association; Author of "Definite Medication," "Rational Treatment of Cancer," "Manual of Health," etc. Published by Therapeutic Publishing Company, Inc., Boston, Mass., 1911.

This book of about 300 pages has for a frontispiece a picture of Dr. Jones the Author.

As its title page represents it gives the views and experiences of over forty years' practice devoted largely to this particular line of difficulties. It is divided into twenty sections or chapters as follows:

- I. The Cause of Cancer.
- II. Surgery not a cure for cancer.
- III. The x-Ray Treatment.
- IV. The Medical Treatment.
- V. The Diagnosis of Cancer.
- VI. Taking a case.
- VII. Diet of cancer Patients.
- VIII. A Medicated Bath.
- IX. Have Patients under your personal care.
- X. Remedies that do have a curative effect upon Cancer.
- XI. Local treatment of Cancer.
- XII. Cancer of the Breast.
- XIII. Epithelioma.
- XIV. Cancer of the Head, Face, Nose and other forms of External Cancer.
- XV. Sarcoma.
- XVI. Radium as a cure for Cancer.
- XVII. Internal Cancer.
- XVIII. Remedies that are useful in the treatment of Cancer.
- XIX. Facts worth remembering in the Treatment of Cancer.
- XX. Bronchocele (Goitre) Exophthalmic Goitre.

The Doctor's language is plain and forceful, and one is led to feel that he personally is convinced of the truth of the statements that he makes.

The remedies recommended are largely from the class known by the Eclectic's as vegetable alteratives, and he also makes some use of the tissue remedies.

Throughout the book in speaking of the remedies the Author refers you to his book on "Definite Medication" for further study of these remedies.

Items

A few dates for you, Doctor, to bear in mind.

State Meeting, Albany, N. Y., March 27 and 28.

Commencement Exercises, Eclectic Medical College of the City of New York, Hotel Astor, Wednesday May 15.

National Eclectic Medical Association meeting, Washington, D. C., June 18.

Dr. Brandaleone presented a number of fine clinics at the meeting of the County Society last month.

Have you paid your subscription to the Review?

The Governors of the New York Skin and Cancer Hospital, Second Avenue, Cor. 19th Street, announce the following course of lectures, in the Out-Patient Hall of the Hospital on the following Wednesday afternoons at 4.15 o'clock; "Diet and Hygiene in Diseases of the Skin": March 13, 20, 27, April 3, 10, 17, by Dr. Bulkley. Some recent methods of treatment for malignant diseases, April 24, by Dr. Bainbridge. Each lecture will be preceded by a half hour Clinical Demonstration of various cases. The lectures will be free to the Medical Profession, on the presentation of their professional cards. Charles C. Marshall is Chairman of the Executive Committee.

Dr. D. N. Bulson has recently been elected President of the village of Rockville Center.

Arrange to attend the Alumni meeting which will be held the day of commencement.

At the Eclectic Medical College, Cincinnati, the following six instructors will devote their entire time to teaching and college work:

J. K. Scudder, A.M., M.D., secretary and director of laboratories and clinics.

F. B. Grosvenor, B.A., M.D., histology, pathology and bacteriology.

Carl S. Mundy, B. S., assistant in histology, pathology and bacteriology.

A. J. Nunnamaker, B.A., demonstrator of anatomy.

Charles Apmeyer, Ph.G., laboratory chemistry.

J. A. True, B.S., M.D., physiology.

The juniors will devote three hours each day to clinical lectures and bedside instruction in the Cincinnati (public) Hospital of 500 beds. The seniors will secure additional work in practical obstetrics in the Home of the Friendless and the Union Bethel.

An Ohio medical student's certificate, based on graduation from a first-grade high school, or its equivalent of fifteen units, required of all matriculates. Certificate should be procured prior to registration days, September 12, 13 and 14. College opens in all departments September 16. The Ohio State board forbids matriculation after September 30. Perfect your entrance qualifications early. "Bulletins" on request.

Scudder.

Dr. Amy Robinson, after having been invited to join the Adams County Medical Society, Nebraska, is in a heap of trouble with them and resolutions, looking to her expulsion, have been introduced for the heinous crime of practising Sectarian medicine.

They coax you to join and then when business is dull and Society interest lags, what a fine excuse for some excitement.

The Kings County Eclectic Medical Society had a large and enthusiastic gathering at its annual meeting last month and re-elected for the fourth time Dr. T. A. Adlerman as President.

The boys are enjoying the work at the Sydenham Hospital very much.

All aboard for the State meeting.

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A. BLAUSTEIN, M.D.,
421 6th St.,
DISEASES OF CHILDREN.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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No. 4

The College.

. It is hardly necessary to rehearse to the Alumni the trials and hardships or the temptations that the College has had to endure and withstand. Most of those who are really interested are thoroughly familiar with its history.

In the twenty-five years that the present management has had control the College has steadily improved—its facilities and its equipment increased, and its graduates have stood the tests of State board examinations, so that they will compare favorably with the graduates of any of the schools in the State.

This has been accomplished by the work of an earnest enthusiastic faculty, willing to give a part of their time to the best interest of the cause they love, and by donations from a few friends; for the income from students has never been sufficient to pay the full running expenses. And now, dear friends and graduates, we are on the verge of a crisis. Up to the present time we have always been registered in this State as maintaining a first class medical institution, and in the Regents'-hand-book we have always been classified among the registered institutions, *and in that class we must remain.*

To do it this year we must have six full time paid instructors, devoting their entire time to teaching. Last year we were enabled through the donations of kind friends to have three full time paid instructors, to fully meet the present requirement our income must be increased at least \$5,000. How can we raise it? In time we hope that some philanthropist will recognize the good work that we have been and are doing, and the great benefit that this school is to humanity, and properly endow us, but until then—what are we to do to obtain this fund? Unfortunately there are not many among us who can donate very large amounts, but almost all of our graduates are doing a comfortable, substantial practice and where it might be a hardship to ask them for \$100 for a donation they might easily be able to contribute \$5.00 monthly to a fund of \$5,000, which would equal a very substantial endowment.

Think it over, doctor, and write to A. W. W. Miller, Treasurer; or G. W. Boskowitz, President; care of Eclectic Medical College, 239 East 14th Street, New York City—what amount of the burden you can and are willing to bear.

Hints and Winnowings.

In a bulletin recently published by the United States Department of Agriculture much valuable information is presented in regard to typhoid fever and its prevention. While many of the facts given are not new, they are all important, and worthy of being kept fresh in memory. The substance of a few of the statements made may not, therefore, prove devoid of interest.

Typhoid fever prevails widely in all civilized countries, attacking by preference the young and middle aged, and causes not only many deaths every year, but great economic losses. The number of cases in the registration area of the United States every year amounts to about 130,000, and the deaths amount to 13,000, while in the entire United States it is estimated that there are about three times this number. Serious impairment of the heart and other organs may persist after recovery.

Typhoid fever is not contagious in the ordinary sense of the word; that is, it is not usually spread from person to person, as in the case of scarlet fever or small-pox. Careful nurses seldom contract the disease. Generally it is distributed indirectly, the person who contracts the disease having in some way swallowed some of the germs derived from a previous case. The germ—*bacillus typhosus*—causes ulcers on the intestinal walls, and also multiplies in other organs of the body, notably the spleen and kidneys. The germ of the disease is discharged from the body in great quantities through the bowels, and also through the kidneys. The discharges from these organs are the source of subsequent infections in other persons. The disease is usually contracted by drinking infected water, but may be acquired through infected milk, salads, or other uncooked foods. The danger from the milk is not due to contamination from the cow, because cattle do not contract the disease. Milk is infected only when contaminated water is used to dilute it, or when pails and cans are washed with such water, or when the germs enter it from the hands or other parts of the body of persons who either expel them chronically or who have been associated with active cases of typhoid. One great danger about milk is that typhoid germs multiply actively in it without perceptibly changing its appearance. Those who nurse the sick and are careless about disinfection frequently infect themselves by soiling food or drink with their dirty hands. The fingers should not be put into the mouth, the sick should not be kissed, and the utensils used in the sick room, such as plates, spoons, etc., should be reserved for the sick and thoroughly scalded on removal from the room. The time between infection and the appearance of the disease is usually from nine to fourteen days. The proportion of deaths to cases varies from 10 per cent. or less in light epidemics to 30 per cent. or more in severe epidemics.

When one is compelled to live in a house or in a neighborhood

where typhoid fever prevails he should make it his infallible rule to eat and drink only such foods as have been recently heated to above the scalding temperature. Salads should be avoided, and water and milk should always be scalded before use. Fruits should be pared. The typhoid-fever organism is very susceptible to heat, and slight boiling or even a good strong scalding is sufficient to destroy it. So far as possible the house fly should be screened out of the house, while any that gain access should be diligently pursued and destroyed. A bit of wire netting attached to a wooden handle is a convenient weapon. If these measures were consistently practiced a large part of the now generally prevalent typhoid fever could be prevented, especially if in conjunction with these measures the discharges of the sick were consistently and thoroughly disinfected before being thrown out upon the soil or into closets.

In many cases the typhoid organism persists in the bowel discharges and in the urine for quite a number of weeks after recovery, so that great care should be taken for a month or two that these discharges are not allowed to contaminate soil or water. In the case of a few unfortunates known as typhoid carries, the organism becomes acclimated, and these persons then are a source of constant danger to their fellows.

To bowel and kidney discharges should be added an equal volume of 5 per cent carbolic acid solution (poison) or 5 per cent solution of liquor cresol compound (United States Pharmacopœia). Soiled linen should be put at once into boiling water. Soiled hands should be washed for five minutes in mercuric chloride water (1:1000) colored with methylene blue to distinguish it from ordinary nonpoisonous fluids and kept out of reach of children and animals. Tablets of this character are on the market. In no case should mercuric chloride solution be put into metallic vessels, as it soon becomes inert.

Some of our friends of the A. M. A. frequently suggest that it would be a wise thing for us to unite with the "big school," and in this "regular" way become just "physicians." Possibly they have forgotten that, while the swallowing of the lamb by the lion slightly increased the strength of the latter, the act did not markedly improve the condition of the innocent young sheep.

Dr. L. O. Howard, chief entomologist of the Department of Agriculture, says that a common house-fly which comes out of hibernation on April 15, and gets to work at once on its regular stunts, will have one hundred and twenty adult descendants by April 30. These in turn getting on the job in like fashion will have produced, by September 10, more than five thousand billions of the buzzing messengers of disease. This surely looks as if there is no "race suicide" tendency among the females of flydom.

Venereal diseases are now reportable in this city. It is to be hoped

that the day is not far distant when all decent men and women will demand that such diseases be properly quarantined.

There never was an effect without a cause. Medicines are forces acting upon the living organism. They are causes, and, according to the law of nature, their effects must always be the same under like conditions. The only difficulty about this law when applied to medicine is the doctor—he is sometimes either too lazy or too careless to make sure of his diagnosis; that is, the conditions presented for his consideration. If he uses close observation and correct deduction, he cannot fail to select the right remedy, for a drug that will remove an abnormality once will correct a condition *exactly* like it always. This truism has been repeated hundreds of times, and it will bear repeating hundreds of times more, for even the best of men are liable to forget things that require close observation and earnest work.

It is difficult to believe that some women, especially the "new woman"—the woman who has become "emancipated"—will take such risks and resort to such devilish methods as they will in order to bring about a miscarriage. A short time since I was called to a case in which a solution of carbolic acid had been thrown into the uterus at the beginning of the third month. The os and vaginal walls were badly burned by the acid, and the hemorrhage was severe, followed by collapse and a temperature of 108° F. Hypodermics of strychnine, and the use of ergot, macrotys and nux vomica, together with tampons, finally restored the woman. Did she regret her rash act? No, indeed. She said the result obtained was well worth all she had suffered, but she would endeavor to find a better means of "bringing herself around."

In an article published in the *Lancet-Clinic* the writer says that "the founder of Eclecticism was Thomas Vaughn Morrow, of Cincinnati." No, no, brother; we cannot concede to Cincinnati the honor of being the birthplace of Eclecticism. It was born right here in New York, and that brainy New Englander, Wooster Beach, was its daddy. We freely acknowledge, however, that Cincinnati was its cradle, and that the great Morrow and his associates did the rocking exceedingly well.

A druggist was recently sued for damage by a woman to whom he sold morphine in place of the quinine for which she asked. Fortunately the woman discovered the mistake before taking enough of the drug to cause death, although she was made dangerously ill. No punishment is too severe for dispensing morphine in place of quinine. It is a crime to keep these drugs in such containers and locations that a mistake is possible. Druggists should be taught that such errors are criminal, and are sure to be punished. More attention to the possibilities of mistakes in their own profession, and less to the work of the physician, would be likely to do the druggists more good than harm.

Do you know of any valid reason, doctor, why you should speak

of the old school as the *regular* school of medicine? In what way is it more *regular* than is the Eclectic school? Some old school doctors use the term for the purpose of representing to the public that Eclectics are not regularly (fully) educated physicians. Why aid them in such contemptible work?

FYFE.

Original Articles

President Adlerman's Address.

Address Delivered by President T. D. Adlerman, A. B., M. D., at the
Fifty-second Annual Meeting of the Eclectic Medical Society
of the State of New York.

Members of the Eclectic Medical Society of the State of New York, fellow officers, ladies and gentlemen:—It is with great pleasure that I greet you, and extend to you a hearty welcome to this, our fifty-second annual meeting.

I want to assure you, that I consider it one of the greatest honors, that could come to me in life, to be able to preside at the meeting of so important a body, as the Eclectic Medical Society of the State of New York.

This Society, as well as Eclecticism in general, has always stood for the very best in medicine; it has always been identified with the most progressive in medicine, the most progressive in medicine where it led to the very best in the healing art. It stood and always will stand for the higher education of the physician, a higher education pertaining to his medical work, with a liberal preliminary education, but we do claim, and insist, that it is entirely unnecessary for a man or woman to know the fourth dimension, that it is unnecessary to know Sanscrit, or Hindustani dialects, in order to make a good physician.

We stand and always will stand for a better education of all schools of medicine, in specific diagnosis, in specific therapeutics; we stand for a better knowledge by all medical schools of the *Materia Medica*, and to use the words of Dr. Solis Cohen, we claim that the wise physician is he, who makes use of all possible means by which he can aid the struggle for health, by which he can influence for good the functions of the body, by which he can antagonise the material or mental generators of disease. And he is the unwise physician who restricts his views or limits his armamentarium. We sneer at no information and reject none whether it is offered by pharmacologist in the laboratory, or by the clinician at the bedside, as both are scientific and accurate within their limits. We very strongly condemn therapeutic nihilism as now rampant in certain circles of the medical profession.

ORGANIZATION.

During the past twenty years the American Medical Association has built up a powerful political octopus, which is spreading its long,

slimy tentacles in each and every state, with only one object in view, to crush, obliterate, and wipe out of existence every independent medical school, irrespective of faith, to crush every independent medical thought, and at the same time to promote its own selfish schemes, establish State medicine, and envelope the people in a trust, the magnitude and power of which, once established, will be impossible to break.

Gentlemen, fire must be fought with fire. We Eclectics must have a splendid organization, we must build up a counterbody, all Eclectics must stand together. In each city and county build up your local societies, attend the meetings, stand up for your rights, support your State and National Societies, be workers in your own cause, let every one of you do his own share, and we will have as great a fighting body as the other side, and we will win.

In this great State of ours, for protective purposes we ought to have a closer affiliation with all other bodies favoring liberal medicine, and altogether we will be more than a match for the A. M. A. schemes and machinations. At the same time, gentlemen, remember that the standing of your school to-day, in this State, depends upon the strength of your State Society, means, therefore, must be found to enroll into the State Society every Eclectic physician in New York State, who is not a member at the present time. If we are to continue to have equity before the powers that be, and that make our laws, we must show strength in numbers.

I would, therefore, suggest that a field committee of two be appointed, who shall take up this particular field work, and that \$50 be allowed them from the Society's Treasury for their use in printing, postage, etc., etc., and that special care be used in selecting this committee, that none but those willing to work, and fitted for such work be appointed, and that this committee devote itself to obtaining new members only.

PUBLICITY.

In the past we have been entirely too modest, too conservative, by not taking the people in our confidence, not telling them what we can do in curing disease where other schools fail—we must drop these methods, the public should know of our means and methods, we must show the people the beauty of our teachings, the superiority and rationality of the Eclectic treatment. We should, therefore, now use publicity in every possible way and manner, we should use the press, both lay and medical, we should talk, speak wherever we can, we should boost Eclecticism.

MEDICAL LEGISLATION.

We Eclectics stand for the best possible Board of Health and are always ready to support them in every possible way, but we are opposed to a National Board of Health, as propagated by the old school with its long retinue of officeholders and grafters, all working to-

wards the ultimate object in view, "State Medicine," as State medicine would prove even more dangerous than a State religion.

A sample of what you can expect, and get, under a National Board of Health is the following order issued by President Taft:—

Executive Orders to Prohibit the Practice of Medicine, Surgery, Dentistry, Pharmacy, or Midwifery without a License.

By virtue of the authority vested in me, I hereby establish the following order for the Canal Zone:—

Section 1.—It shall be unlawful for any person to practice or attempt to practice medicine, surgery, dentistry, pharmacy or midwifery within the Canal Zone without first having obtained a license therefor from the Board of Health of the Canal Zone. Any person thus offending shall be punished by a fine not exceeding twenty-five (\$25.00) dollars or by imprisonment in jail not exceeding thirty (30) days, or by both such fine and imprisonment in the discretion of the court; provided that this order shall not apply to commissioned surgeons of the United States Army and Navy, or Marine Hospital Service, nor to physicians, surgeons, dentists or pharmacists and their assistants and nurses employed by the Isthmian Canal Commissioners, nor to nurses acting under the orders of a licensed physician.

Section 2.—Any person shall be regarded as practicing medicine within the meaning of this order who shall prescribe for, operate on, or in any wise attempt to heal, cure or alleviate, or shall in any wise treat any disease or any physical or mental ailment of another; provided, that nothing in this order shall be construed to prohibit gratuitous services in case of emergency, or to the administering of ordinary household remedies.

Section 3.—This order shall take effect sixty (60) days from and after this date.

WM. H. TAFT.

The White House, October 14, 1911. (No. 1420.)

This order, gentlemen, is a very good illustration of what will be given to you when a National Department of Health is formed. President Taft has seen fit to place autocratic powers in the hands of a Medical Board, composed of Allopaths only, and has outlawed, by so doing, all persons who would treat the sick without the permission of this august Board. He did not think it necessary to appoint a Homeopath, or an Eclectic on this Board, and, as the Board is composed now, a Homeopathic or an Eclectic physician could not obtain a license from this Board of Health of the Canal Zone.

As no qualifications are mentioned for obtaining such a license, it simply is to be given at the Board's pleasure, and we will leave to you gentlemen to judge if an Eclectic or Homeopath will ever get one. Families desiring an Eclectic or Homeopathic physician have

been deprived of their liberties and rights of choosing their own medical advisers. Under this enlightened President's rulings, all must use allopathic treatment. The same treatment, gentlemen, we will get under a National Board of Health, no matter what name they may give to such a department.

THE NEW OWEN BILL.

As you probably know, the new Owen bill has been amended, as follows:—

"That the Department of Health established by this act shall have no power to regulate the practice of medicine, or the practice of healing, or to interfere with the right of a citizen to employ the practitioner of his choice, within any State of the Union, and all appointments within the department shall be made without discrimination against any school of medicine or of healing."

This bill is not satisfactory to us.

They could interfere with the practice of medicine on the part of other schools without violating the Owen bill, if passed, and they could do it in this way. They would establish a Board of Standardization for all drugs and medical appliances, and those approved would be embodied in the United States Pharmacopoeia and the National Formulary, and their immaculate booklet, "New and Non-Official (approved by their Council of Pharmacy and Chemistry) Remedies," from which they would exclude many valuable drugs and drug principles and appliances used in the practice of medicine by the Eclectics, Homeopaths, Osteopaths and other practitioners, and the manufacture of which they would prohibit, after the National Board was authorized and became a fact, through the arbitrary dictum of their self-appointed Board of Medicine and Pharmacology, under the pretense that they were worthless and the manufacture of them, even to be used under the prescription of a physician, would be "dangerous to the public health," and yet claim that they were not interfering with the practice of medicine, and strictly would not be interfering under the act.

You all know that the Council of Pharmacy and Chemistry of the A. M. A., composed of theorists, some of whom have never practiced medicine, have branded as useless certain remedies of the homeopathic and eclectic schools in use by these schools at the bedside for a hundred years, whose value is unquestioned, simply because they were of another school of medicine than their own.

There is great danger in the Owen bill. The only bill which we Eclectics can support is one in which all schools of medicine shall be represented in all departments and in which no one school shall be permitted to outnumber another. The bill, to have our support, must say that Eclectics and Homeopaths shall be represented in this Department of Health in equal number with the Allopaths.

PUBLIC HEALTH.

Gentlemen, it is my desire at this time to sound a warning of great danger to the American people at large, as perhaps no other nation has shown more pronounced development of nervous and mental disease during the last decade than the American Nation.

We have nearly acquired the name of the "Nervous Nation." We are rushing to a general nervous instability, we are becoming a nation of neurasthenics with all the grave possibilities of this disease, nervous and mental diseases are rapidly increasing, our sanitariums and asylums are being filled up with nerve wrecks and demented. It is our duty to call a halt, we must give warning before it is too late, before we become a people with an unsound mentality.

Means must be found to halt this mad rush for gain, for pleasure, for alcohol, this rush that seems to be without bounds, the rush that eats up nerve and brain and leads to insanity.

Let me quote here a few short data that will be of great interest to you. In 1908, there were 30,507 patients in the different hospitals and sanatoria for the insane in New York, an increase of 1,414 over the previous year.

The increase of the insane in this State, for example, during the past twenty years has reached 97 per cent., while the population has increased in the same time only 54 per cent.

According to the latest data, we have to-day in this glorious State of ours, one insane in every 340.

Figures from other States tell the same grave story, of constant increase. In Idaho in 1880, they had one insane in about 1,300, while in 1900, it has reached to one insane in 769. In the State of Washington in 1880, we had one insane in 695, while in 1900, it became one in 402. In Indiana to-day, one insane in every 400, the same in the State of Illinois. In Virginia, one insane in every 540. All other States with very few exceptions show the same steady and dangerous increase. In New Jersey, only a few months ago, the State Superintendent of the Insane Hospital there, called the attention of the Governor there, to the remarkable increase of insanity in that State.

While the total population of the United States increased about eleven per cent. in the last six years, the number of insane people was augmented during the same time by twenty-five per cent. In 372 Institutions canvassed by the Census Bureau up to January 1, 1910, there were 187,454 insane patients, or an increase of 37,303 since 1904. The State of Massachusetts leads all other States with 344.6 insane per 100,000 population, with New York State a close second, of 341.1 for every 100,000 persons.

Gentlemen, is it not time to sit up and take notice? We are standing at the foothold of a calamity.

COLLEGE.

The main stay of Eclecticism in this State of New York, is the Eclectic Medical College of the City of New York, and it is our duty to support it by all possible means, yes, it is your duty; it is mine, it is the duty of every Eclectic physician to support and guard this institution against all the machinations of quasi friends the Allopaths, and the best way to do this is to obtain as many students for our college as you possibly can.

My friends, I thank you for the close attention you have given to my words and I will now ask you to join me in my efforts to make this meeting a success and one of interest to all of us.

I thank you again.

The Repair of the Perineum.

BY S. A. HARDY, M. D.

In this paper this evening, I will take up the repair of the perineum immediately after the delivery in which the laceration occurs.

In the very great majority of cases the prompt repair of the injured perineum is much the best treatment. This allows the healing process to go on at the same time as the involution of the genitalia, and if the operation is performed with proper care and aseptic precaution the two processes of repair can go on to completion at the same time.

It also shortens the time that the patient must be confined to the bed, and as most of these cases occur in the middle or lower class of people, where time is an important factor, it is the duty of the physician having the welfare of the patient in mind to make the lying-in period as brief as possible and at the same time consistent with proper remedial measures. If the repair is properly performed it lessens the liability of infection, it heals more promptly and causes less suffering on the part of the patient.

When we consider that during the delivery of the head in a primipara that an orifice from .03 to .04 in circumference must dilate to from .30 to .40 in circumference, it is to be expected that more or less laceration of the perineum will commonly occur.

These injuries are variously classified as 1st external, 2d ext. and int., 3d as when the sphincter ani muscle is separated. Or as of the 1st degree when the tear extends half way to the anus; 2d where the anus is involved, and 3d when the laceration extends through the sphincter ani muscle and involves more or less of the rectovaginal septa. The tearing of this muscle necessarily destroys its function and allows the involuntary discharge of feces and flatus. Rarely there is a central tear of the perineum into the rectum which admits of the passage of the child and does not involve the posterior commissure.

Some operators prefer to repair the perineum before delivering

the placenta. This method has the advantage of there being little or no blood to interfere with the procedure, that it can be done immediately after the cord is severed and the parts cleansed, and if the patient has been under an anæsthesia it can be continued until the laceration is repaired.

It has the disadvantage that the delivery of the placenta may separate the edges of the tear or that the loosening of placenta may be followed by a gush of blood at a very inopportune stage of the proceeding, and if it should be necessary to insert the hand to remove some remnants of the placenta, it might cause the stitches to cut through some of the soft tissues and require some additional sutures to be inserted.

In all these cases the laceration should be thoroughly cleansed, all shreds of tissue and blood clots removed, all bleeding stopped and a tampon of cotton or gauze placed in the vagina to absorb the flow of blood from the uterus. The operation should be performed under thorough aseptic precautions, the operator's hands and the instruments being made perfectly sterile as well as the part to be operated on, for if this precaution is not taken the operation will go for naught. While the repair is being made, the nurse should manipulate the fundus of the uterus to see that it remains properly contracted.

The instruments necessary are ligatures, needle, needle holder, scissors and vaginal retractors.

The patient should be placed on a table or should be placed on the bed crosswise with the hips at the edge of the bed, the thighs well separated, flexed on the abdomen, and held in position by straps, by an assistant or by resting on chair. Good light is also necessary.

When the lacerations are not extensive an anæsthetic is not necessary, but if it has been given during the last stage of labor then its use can be continued until the repair is completed. For laceration of the 3rd degree either local or general anæsthetics should be given.

For an external injury or one of the 1st or 2nd degrees silk or cat-gut lig. can be used. The operator separates the labia with the finger of the left hand exposing the laceration. Beginning at the upper angle of the tear the needle is inserted about $\frac{1}{2}$ c. m. from the margin and brought out at the bottom of the rent and reentered and brought out on the surface opposite to its insertion.

A sufficient number of these stitches to close the laceration should be inserted not over $\frac{1}{2}$ inch apart, and if necessary superficial ones between them to bring the edges of the laceration closely together. When the vagina is sutured then begin at the anal angle to insert the sutures. The sutures should be tied beginning with the first one inserted, and the thread should be left long to facilitate their discovery when the time arrives to remove them which is about eight days.

In lacerations of the 3d degree, in those known as complete, the

parts should be cleaned as before mentioned and the rectum thoroughly washed out with an aseptic solution.

The rectal tear should be repaired first either with catgut or silkworm gut ligatures, the first stitch being inserted near the posterior angle of the tear, $\frac{1}{2}$ c. m. from the margin, and being introduced through the mucous surface, and about $\frac{2}{5}$ in. apart. The ends of the ruptured sphincter ani muscle should be drawn together by a tenaculum and then held in place by buried silkworm gut sutures or by a figure of eight suture, in the last method the upper threads of the sutures are brought to the outer surface of the perineum and then fastened by tying. The vaginal border of the laceration is next sutured as before described, beginning at the inner angle of the tear and working toward the post. commissure. Lastly, the rent on the outer surface of the perineum is stitched, preferably with a silk suture.

After the sutures are tied a dusting powder can be applied and the vaginal tampon removed, and a pad supported by a T bandage to keep it in place, applied to the perineum.

To insure a good union, the patient should be catheterized three times a day. If there are any involuntary discharges of urine the parts should be immediately cleaned with a sterile solution. When it is not practical to be present three times in the 24 hours to pass the catheter or where the nurse has not sufficient learning or skill to permit of its use, a safe procedure is to have a sterile douche used at the times when the woman desires to urinate. This prevents the urine from coming in contact with the injured perineum and consequently does not interfere with the healing process.

Every second day the bowels should be moved with an oil enema, the woman being instructed not to strain during the defecation, and the perineum can also be supported by external pressure over its surface by the nurse.

The vaginal douching should be continued as indicated by the condition of the patient and if the Citelce solution is used it not only removes the vaginal discharge but aids in the healing of the injured perineum.

In many cases it is necessary to tie the woman's knees together to prevent the hasty separation of the thighs, pulling on the perineum and consequently on the inserted sutures with the likelihood of irritating the wound or causing a slight separation of the edges, thereby allowing the entrance of the irritating discharges of the vagina, changing its character to that of an infected injury and destroying all the benefits expected to be obtained by the proper operative treatment of the laceration.

In these cases, or when from the lack of proper aseptic precautions, the wound has failed to heal by first intention, the treatment can be continued as follows. The woman should be kept in bed, the

sutures removed, and the parts irrigated twice a day with a solution of Citcelce. It will be necessary to keep up this treatment for from 3 to 5 weeks. It has the advantage of requiring no further operation and many women prefer this method even if it does take a longer time. If the rectovaginal septum is torn through the sphincter ani is involved then a further operation would be necessary to freshen the lacerated surfaces, and repeat the operation as before.

Where the edges of the laceration are fairly even, they are not difficult to repair. But where we have lacerations of the stellate variety, where they are irregular and seem to extend in any or all directions, it often puts the skill and ingenuity of the operator to its severest test to bring the injured parts in their proper position, and suture them, that when the healing process is completed they will give the necessary support to the several organs in the pelvic cavity.

Gasoline in Medicine,

BY DR. F. P. SINCLAIR.

Read at the Fifty-second Annual Meeting of the Eclectic Medical Society of the State of New York.

About twenty years ago my attention was called to gasoline as a remedy in rheumatism. It was being used solely as an external application, and in many cases seemed to possess remarkable properties. It was hawked about as a proprietary article, and was evidently compounded with wintergreen and some other oils. I found that gasoline would not mix with alcohol, ether, or chloroform, but quickly assimilated the essential oils. Finally I produced a mixture essentially like unto the proprietary article, in that it did produce results similar to those produced by that compound. The mixture was made thus:

Ordinary Stove Gasoline	Oi
Oil of Wintergreen	3ss
Oil of Citronella	3i

Mix and shake.

The citronella was added strictly to disguise the smell of the gasoline. I do not know that it possesses any medicinal virtues.

The remedy was splashed freely from the container onto the affected rheumatic parts, and was diffused over the surface with gentle movements of the hand. This was repeated again and again until the required amount had been applied. I have rarely used less than an ounce of it at a sitting, and I have used one pint. Hard rubbings and frictions never in my hands produced any better results than gentle diffusion.

Its most marked effect was in cases of local muscular soreness, or localized steady and persistent pain, like lumbago; or sprains of a puffy nature; neuralgias where the course of the nerve could be

readily traced; or inflammatory rheumatism where the joints were swollen and tender.

Patients have injected the liniment into the rectum for hemorrhoids, on their own initiative, and have reported to me that one injection took out the soreness and shrunk the protruding piles back into the bowel. Other patients, also on their own initiative, have reported having used it curatively, and with speedy effect, in cancrum oris, and in the sore throats of colds, where stiffness and soreness was a prominent feature, by using it as a mouth wash and gargle, and as an external application. But I have never verified the above by trial.

Its effects, applied externally, appear to be that of a local lethal sedative, which may last from one to four hours.

A few cases will illustrate my experience.

W. A., farmer, when ploughing in the spring, was suddenly stricken with "crick in the back." So severe was the pain that he had to leave the team in the furrow and crawl to his house. Enemas, cathartics, hot fomentations, and a variety of household remedies were used for twenty-four hours without relief. Then I was called, and immediately applied the liniment. In half-an-hour he was walking about the house, and wringing and twisting his body in all directions without pain. Another application that evening, and still another in the morning, and he was cured.

P. D., farmer and stonemason, wrenched and strained his arm by lifting a heavy stone. After two days of suffering, under home treatment, he came to me. I applied the liniment on shoulder and arm, and in fifteen minutes he put his arm in all positions without pain. Two successive treatments and he went to work well.

M. C., section boss on railroad, caught his foot in frog and wrenched his ankle badly, but continued about upon it for two days afterward. By that time the foot and leg were greatly swollen and the pain so intense that he was put to bed and hot fomentations applied. That night I was called, and immediately applied the liniment. In half-an-hour he walked without pain, and I treated it twice a day thereafter for five days, when he resumed his work.

D. H. W., painter, paperhanger and decorator, age 54. Subject to rheumatism; and twenty years before had been helpless for two years because of the disease. Attacked with inflammatory rheumatism in February in both shoulders, arms and hands, with occasional shiftings to the lower limbs. He was skeptical about the value of medical treatment, and depended upon home and expectant treatment until May 16, when, heavily swathed and bundled in flannel, he was brought to my office. So great was his lameness that it required nearly half-an-hour to remove his wrappings to his body. I then applied the liniment very freely for nearly an hour, when he put on his clothing without assistance; and he went home able to put his hands and arms into

any position without pain. I continued the treatment several times daily, and in about a week he resumed his vocation.

I could recount many more cases, but they would only be duplicates of the above.

The disadvantages of the treatment lie in the individual labor it throws upon the physician; the disagreeable odor of the gasoline, only partially overcome by the citronella; the need of a constant supply of fresh air to carry away the carbon-dioxide fumes; the explosive nature of the liniment, limiting its use to places where there are neither open lights nor fire; and the tingling of the nerve terminals, sometimes described as a million needles pricking the skin. And yet I have never seen it vesicate, nor does it often produce more than a pink coloration to the skin.

LYSANDER, N. Y.

Items from the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

Quite often from the direct poisonous influence of cocaine, and sometimes from the continued denutrition of the entire body, the person habituated to cocaine acquires (according to Berkely) an indubitable insanity, which assumes the customary type of a hallucinatory psychosis.

Ertenmeyer calls attention to a symptom which has been mentioned as not uncommon in cocaine patients. They see on any white plane a large number of dark points and spots, which they (the patients) think are flies, lice and small animals.

The cocaine sufferer is dangerous in nearly all cases, either to himself, his family, or to the community. He may attempt murder, he may try to kill his supposed persecutors, or he may try to commit suicide, while under the influence of the hallucinations.

If married, the cocainist is always extremely jealous of his wife. He will watch her constantly, every innocent move or word to male friends is misconstrued into a secret sexual meaning, his wife is untrue with lots of men, she runs after men.

Arteriosclerosis is a malady not confined to any particular period of life of the body, and with it can come a vast number of symptoms which may simulate those of almost any form of mental or nervous disease.

The cardinal deviations from the normal, showing themselves in the insane, are hallucinations, delusions, and confusion. Any of the above may be present alone or combined with the others.

The frequency of middle ear troubles in instances of auditory hallucinations is worth while considering. In about 12 cases of hallucinatory confusion examined by Redlich and Kaufman only one case had a normal auditory apparatus, in only one was the ear normal.

Out of 50 paranoiacs, five had no auditory hallucinations, and had perfect hearing, while among the 43 with hallucinations, there were only 14 with a normal auditory apparatus.

Changes in sexual desire is present in most cases of acute insanity. The erotic element is strongly noticed and is increased at first, while later comes the temporary or permanent loss of the instinct.

Hallucinations of sight are often found in chronic cocaine intoxication. The beds, bed clothing, the walls, the furniture, all are covered with ants, roaches, mice, fleas and all these penetrate into the patient's body, his nostrils are filled with them, the mouth is filled up, they eat him up, he will spend hours picking the imaginary insects off his clothes and throwing them on the floor.

The cocaine habitue often shows evidence of mental excitement, associated with cardiac acceleration or irregularity. The respirations are hurried (especially after a recent dose), there is a peculiar tightness around the chest. The mucous membranes are dry, the skin is clammy and cold. The quantity of area is lessened.

Impotence is an important symptom in sexual neurasthenia. In fact, in the eyes of the patient it is the dominant symptom, and is the one thing which compels the sexual neurasthenic to seek medical advice.

Have you met those neurasthenics who have power, but do not, "desire"? Or have you had those who neither desire nor have the power? All very interesting cases, worth studying.

Quinke's description of transitory edematous swellings in circumscribed areas is very interesting. It is not a rare affection, and "Quinke's disease" is often met with in youthful persons, it is a family affection, and often is found in sexual members of the same family.

The extent of the swellings may vary. They are mostly found in the skin of subcutaneous connective tissue and in the periosteum. The color of the skin is somewhat paler than normal with some slight discoloration in some cases. The development of the swelling is important. In a few moments decided edema may appear. The swelling will remain at its height for a time and then disappear without leaving a trace except that some permanent change may take place.

Some cerebral symptoms are also observed in Quincke's disease. Lassitude, somnolence, headache, some cranial pressure may be felt, slow pulse, and some cases were associated with convulsions.

Polyuria and glycosuria are observed now and then in *Tabes Dorsalis*, both are of as great significance. Probably both are due to neurogenous alimentary glycosuria, but an accidental complication with true diabetes mellitus is quite possible.

In some few instances epileptics are subject to dream-like states of subconsciousness, very much like somnambulism, in which complicated acts may be carried out. Such patients may seem to be conscious, may commit offences against the law, wander off as tramps, or do any number of extraordinary things, or follow fantastic ideas which seem to control their dreamy states.

The prognosis of *dementia praecox* is in the main bad, though remissions are frequent and recovery occasionally takes place.

70 Rogers Ave., Brooklyn.

The Superiority of Cod Liver Oil in Palatable Form.

Whilst none questions the nutritional and therapeutic properties of cod liver oil, yet what avails it when its administration provokes gastric disturbance. If the gastric function be interfered with by the oil, it were better not to give it. Chemists long ago began endeavors to overcome the undesirable features of the oil, and how well they have succeeded is shown in that most palatable, and yet efficient product, *Cord. Ext. Ol. Morrhuæ Comp. (Hagee)* which, while possessing all of the food and medicinal virtues of the plain oil, is agreeable to the most exacting stomachs, even when continued over long periods of time. *Cord. Ext. Ol. Morrhuæ Comp. (Hagee)* as a reconstructive will prove highly serviceable in the many debilitated conditions, in which it is indicated, and the physician ordering it will be gratified at the results produced.

• **Materia Medica and Therapeutics**

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

Food Poisoning.

In a very interesting and instructive editorial in the *Eclectic Medical Gleaner*, Dr. Harvey Wilkes Felter calls attention to the markedly increased number of cases of poisoning by impure food preparations, and suggests that carelessness on the part of the managers of canning industries, food packing and cold storage plants has much to do with conditions giving rise to the increasingly grave public menace. He also well mentions the fact that contamination and consequent putrefactive changes can easily take place when the foods are in transit to and in the hands of the consumers. In his most excellent and timely article, Dr. Felter in part says:

"Scientifically food poisoning comes under the general head of *Bromatotoxism*, and the general term for the provocative agent is *bromatotoxicon*. To the poisoning arising from certain classes of food special names have been given, with which physicians must necessarily acquaint themselves. The most generally known of these, *tyrotoxism*, or cheese poisoning, arises from the action of *tyrotoxicon*, first found by Victor C. Vaughan, as a crystalline ptomaine developing in stale milk, cheese, and sometimes in ice-cream. By many this agent is also believed to be the causative factor in cholera infantum. Other conditions and terms are: *galactotoxism*, or poisoning by impure milk, through a basic poison or toxin, *galactotoxin*, resulting from the action of *galactotoxicon*, a plant micro-organism developing in milk. *Ichthyotoxism* is poisoning by decayed or infected fish, the agent being *ichthyotoxicon*, of bacterial or fungous character, producing *ichthyotoxin*, the poisonous agent. Oyster poisoning, so common nowadays, belongs in the class, *mytilotoxism*, or mussel-poison, which also infects clams and other shell-fish; the poisonous body is a toxic leucomain, *mytilotoxin*, produced by the organism *mytilotoxicon*. *Kreotoxism* is poisoning by decayed or infected meats, the basic poison being *kreotoxin*, produced by the growth and development of the plant micro-organism *kreotoxicon*. Finally, there are a large number of diseased vegetables, infected either bacterially or with molds, which produce the acute poisoning known as *sitotoxism*, the provoking agent, *sitotoxicon*, creating the toxine *sitotoxin*, to which the poisonous effects are due. One of the prolonged and eventually fatal diseases—pellagra—is believed to be due to sitotoxin, produced in moldy corn, while others believe it due to protozoa; and still others, to the excessive use of cotton seed oil.

"The symptoms of acute food poisoning are strikingly choleraic, resembling closely an attack of cholera morbus, if indeed the latter be not a variety of food poisoning. They vary in degree more than in quality, according to the poisonous agency, the receptivity of the patient, and sometimes with the amount ingested. Occasionally but a very small amount of the infected food will produce alarming collapse, and even a fatal issue. Meat, fish, and oyster poisoning are generally thought to be most severe; but we have seen vegetable and milk poisoning, particularly from ice-cream, of the most distressing and dangerous character. The attack begins with violent and exhaustive vomiting, intense gastro-intestinal pain, and watery diarrhoea. The pulse is small and weak, sometimes irregular, and prostration is extreme and comes on rapidly. Cramping of the extremities and between the shoulders is common, as in choleraic attacks, and the limbs, face, nose, and ears are cold. The whole surface of the body relaxes and is bathed profusely in a cold sweat. Depression is marked and shortness of breathing, dilation of pupils with impaired vision, extreme dizziness, and insomnia are marked symptoms in some instances. Skin rashes, as urticaria and itching erythema, attend or follow in some cases. Indeed, some mild cases are only marked by headache, skin disturbances, and evidences of a disordered gastro-intestinal canal. Unpleasant sequelæ referable to the nervous system may follow and become not only persistent, but positively damaging to the tissues. Neuritis, disorders of locomotion, and constipation are not uncommon after-effects of acute ptomaine poisoning. Headache is common in most cases of food poisoning, and some fever accompanies many cases. Fish and oyster poisoning seem to act more decidedly upon the nervous system, producing collapse, and most often not affecting the gastro-intestinal tract, as in meat poisoning. Aching in the shoulders, joints, and extremities, or a "sense of stiffness, pricking or tingling or numbness of the hands," prolonged into the period of convalescence, is observed in some cases. When death occurs it is preceded by collapse with cynosis of fingers, toes, and orbital region, with sunken eyes—a feature of the last stage of cholera.

"Treatment must be prompt—a thorough evacuation of the bowels by enema or high colonic flushing should be obtained, and if vomiting has not completely emptied the stomach it should be encouraged by copious draughts of lukewarm solution of sodium bicarbonate $\mathfrak{ss}$., sodium chloride (common salt) $\mathfrak{ss}$., water 1 pint. Charcoal may also be given freely. Full doses of sodium salicylate have given us the best of results, while the aromatic spirits of ammonia has also been useful. After complete emesis, the frequently recurring nausea may be allayed with minute doses of morphine ($1/20$ to $1/12$ grain) with bismuth subnitrate. Pain and cramping must be controlled and

the endangered heart supported. Morphine sulphate, in cautious doses hypodermically, relieves pain, supports the heart, and allays the muscular and intestinal cramps. In the cold stage, with threatened collapse or failure of the heart, compound tincture of cajuput or tincture of capsicum may be given by mouth, while ether, brandy, digitalis, or nitroglycerine may be used hypodermically. In mushroom poisoning atropine is the physiological antagonist of muscarine. The recumbent posture must be maintained and insisted upon; while normal salt solution by hypodermoclysis may be needed in collapse and to offset the enormous drain of fluids by vomiting and purging. External heat, wet or dry as indicated, should not be neglected in cases where the temperature drops below normal and coldness of the surface prevails. After the acute symptoms have abated the return to food should be gradual and cautious, and medicines for the gastro-intestinal, cardiac, and nervous effects administered strictly according to well-known specific indications. Those most likely to be required are hydrastis, capsicum, bismuth subnitrate, and nuxvomica."

Intermittent Fever and Four of the Remedies Used in Its Treatment.

The diagnosis of malarial fever is really made after the fever has made one revolution. The distinct intermission, the temperature becoming normal between the exacerbations, the sallow complexion, the fullness and tenderness of the spleen, remove all doubt as to the diagnosis.—*Thomas' Practice*.

ACONITE.

At the onset of fever aconite is the remedy. * * * Under the influence of this agent there is an entire change of the heart's action. The heart beats more slowly and quietly, the pulse becomes fuller and more natural, there is a general soothing effect on the nerve centers, and the natural secretions from all the emunctories are re-established. * * * It is directly indicated when the pulse is small, hard, sharp and quick.—*Ellingwood's Materia Medica*. Aconite is employed in all forms of disease when the pulse is small and frequent. It lessens vascular excitement and rapidity of the circulation, promotes secretion from the skin, and reduces the temperature. It affords relief in acute chills and the coldness in the early stages of disease, and in intermittent fever it exerts a curative influence which is prominently manifested.—*Fyfe's Specific Diagnosis and Medication*. Aconite is a remedy for intermittent fever, and it is just as good here as in simple fever, causing equalization of circulation. It is indicated by a frequent and small pulse, by the hard, wiry pulse, and by the open, easily compressed pulse.—*Locke and Felter's Materia Medica*. As soon as the reaction takes place, give the required sedative—aconite if the pulse is small and rapid.—*Mundy's Diseases of*

Children. The cold stage is usually of short duration, and rarely calls for treatment. When reaction takes place we commence with our sedatives—aconite if the pulse is small and frequent. * * * These agents not only shorten the fever, but prepare the system for the antiperiodic.—*Thomas' Practice.*

GELSEMIUM.

The indications for this agent are fever with a high degree of nervous tension, great nervous irritation, exhibited by bright eyes, usually with contracted pupils. * * * The face is flushed and there is restlessness.—*Ellingwood's Materia Medica.* In all forms of fever showing irritation of the nerve centers, gelsemium is an indispensable remedy. In intermittent fever it is often of much value. Probably there is no remedy in the materia medica that is more direct and certain in its action. It is specifically indicated where the condition is marked by flushed face, unusually bright eyes and contracted pupils.—*Fyfe's Specific Diagnosis and Medication.* Gelsemium is a very successful drug in remittent and intermittent fevers. In these cases it may be used in connection with aconite.—*Locke and Felter's Materia Medica.* In intermittent fever gelsemium is indicated when the reaction is high, the eyes bright and the face flushed.—*Mundy's Diseases of Children.* In this fever there is great excitation of the nervous system and we combine gelsemium with the indicated sedative.—*Thomas' Practice.*

QUININE.

Quinine is specifically an antiperiodic. It will overcome malarial periodicity and act favorably upon the system if the skin be soft, if the mucous membranes of the mouth are moist, and if the tongue is moist and inclined to clean, if the pulse is full and soft and the temperature declining or at normal.—*Ellingwood's Materia Medica.* Quinine is one of the most powerful antiperiodics, and it is of value in most diseased conditions in which periodicity is a prominent feature. Malarial fevers, in all their varied forms, usually yield to the proper use of this agent, and in many cases it seems to act as a prophylactic. When the pulse is soft, the skin moist and the tongue moist and cleaning, quinine will act kindly and antidote the malarial poison.—*Fyfe's Specific Diagnosis and Medication.* In the treatment of intermittent fever quinine is specific. Don't give it when the chill is on—it will only increase it, and in the sweating stage it is unnecessary.—*Locke and Felter's Materia Medica.* Quinine is the antiperiodic in intermittent fever. * * * Some prefer to give a sufficient quantity in a single dose. My own experience leads me to favor broken doses. When it cannot be given by the mouth, we order one drachm of quinine mixed with one ounce of lard, or warm sweet oil. Let the child be thoroughly rubbed with this twice a day; brisk friction while this is being employed is of great importance.—*Mundy's*

Diseases of Children. Success in the use of quinine depends upon the condition of the stomach to absorb it. The tongue must be moist and comparatively clean, or the agent will fail.—*Thomas' Practice.*

VERATRUM.

Veratrum is specifically indicated when the pulse is full, large and bounding, and the tissues are engorged where there is fullness of the capillary circulation.—*Ellingwood's Materia Medica.* In intermittent fever the specific indication for veratrum—the full and bounding pulse—is often met with.—*Fyfe's Specific Diagnosis and Medication.* Veratrum is a good remedy in intermittent fever to reduce the excited cardiac action and restore the secretions, when indicated by the full and bounding pulse.—*Locke and Felter's Materia Medica.* As soon as reaction takes place we give the required sedative. * * * veratrum if the pulse is full and bounding.—*Mundy's Diseases of Children.* In intermittent fever we generally have excess of heart power, which is shown in the full and bounding pulse and the throbbing of the carotids and thus calling for veratrum.—*Thomas' Practice.*

A Brief Re-Study of Wooster Beach's Remedies.

NO. III—EUPHORBIA IPECACUANHA.

This plant is commonly known as wild ipecac. It was frequently employed by the early Eclectics. In small doses it constitutes a useful medicament in diseases involving the gastro-intestinal mucous surfaces. In large doses it has caused hypercartharsis of a dangerous character. In irritation of the mucous surfaces of the gastro-intestinal tract it acts somewhat like ipecac, and in stomach and bowel complaints has sometimes been substituted for the latter drug with much benefit. Its diaphoretic and expectorant properties also resemble those of ipecac. In diarrhoea and dysentery, especially when the evacuations are large and accompanied by a considerable tenesmic pain, it is employed with good results, and in cholera infantum it has often proved useful. In persistent gastric irritation it possesses some relieving power, and in aphthous conditions, associated with diarrhoea and vomiting, its exhibition has been followed by curative results. In bilious colic it has also been well recommended.

Dr. Beach regarded euphorbia as "an excellent hydragogue, evacuating the water when all other agents had proved useless." * * * "In one case," said the doctor, "I ordered fifteen grains of euphorbia ipecacuanha three times a week, and the result was a complete evacuation of the water followed by a permanent cure." Euphorbia was also successfully employed as emmenagogue by Dr. Beach and his associates.

The dose of specific euphorbia (or a good fluid extract) is from 1 to 10 drops, but it may be successfully employed as follows: R Euphorbia, gtt. v to x; water, ℥iv. Teaspoonful every two to three hours.

Baptisia in Typhoid Fever.

Specific Baptisia is the first remedy I think of in the first stage of typhoid fever.

A. L. COLE, M. D.

Society Meetings
SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Washington, D. C., in June, 1912. A. F. Stephens, M. D., president; W. P. Best, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1913. G. J. Olsson, M. D., president; G. R. Thompson, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. H. Harris, M. D., president; M. B. MacDermott, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. John Birkenhauer, M. D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M. D., president; A. B. Wolf, M. D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M. D., secretary.

Eclectic Medical Society of the State of New York.

Report on the Fifty-second Annual Meeting of the Eclectic Medical Society of the State of New York, by V. von Unruh, M. D.

The Annual Meeting of this Society was held in the Common Council Chamber, City Hall, Albany, N. Y., on Wednesday and Thursday, March 27th and 28th, 1912.

The meeting was called to order by President T. D. Adlerman, M. D., and the roll call showed an unusually large attendance of the members and guests from other States; the New York City members were present with a large delegation; in all but few less than one hundred members were present.

The morning session of the first day was taken up with the transaction of the routine business, which was followed by the

PRESIDENT'S ADDRESS.

The address was eagerly listened to and enthusiastically applauded by the members of the society, for it touched upon the vital principles of Eclecticism, as well as the practice of our art and science in general.

Following upon this the reading of essays took place.

Dr. G. W. Schaefer read an essay on "Hints for Thoughtful Consideration," dealing with the subjects of tuberculosis and syphilis. It advocates government supervision of these diseases and exclusion from this country of immigrants thus afflicted.

DISCUSSION.

Dr. Brandelone cites an instance of an immigrant afflicted with syphilis who had been admitted and was under the doctor's treatment at present for it.

Dr. Pearlstein said that enough of people suffering from these two dreaded maladies were living in the U. S. to make one wish that the government could lawfully exclude or export them. He thinks that, following upon the example set by a Chicago minister, all ministers should come to a mutual understanding not to marry such persons applying to the minister for his services as long as they were suffering from the maladies.

Dr. Chas. Lloyd says the difficulty lies in the want of stamina in morality in the nation; there are laws enough, but they are not obeyed; all wish to escape the law.

Dr. G. W. Thompson: "Legislating morality into the individual has always proven to be impossible; nor will legislation prevent any one man or woman from taking a chance."

Dr. Smith wants sexual physiology taught in the schools everywhere.

The next essay, "Treatment of Tuberculosis with Dioradin," by Dr. Brandeleone, was discussed by

Dr. Max Meyer, who asks whether the essayist has found that the substance has a decided effect on those pathological conditions and how it acts on this special disease.

Dr. G. W. Thompson does not care for an endorsement of this new remedy by any authorities, but asks, "does it cure?"; if so, he declares himself satisfied; one or two clinical demonstrations is all that is wanted of the efficiency of the remedy.

Dr. Brandeleone answers that the Board of Health of New York City has found the remedy to contain all the ingredients its manufacturers claim it did; he says the remedy acts as an antiseptic and reconstructive.

The next essay was read by Dr. L. H. Warner, on "Carcinoma," and was discussed by

Dr. G. W. Thompson: the return of the disease makes it questionable whether it is a blood disease recognisable under the microscope, or whether it is a new primary at a different focus.

Dr. L. Lanzer advises surgical operation as early as possible; attack the disease in its infancy; then only is a cure possible. He has operated such cases fifteen years ago when in their very early stage, and has seen no return of the disease in those whom he operated upon.

The next essay, "Anaphylaxis," was read by Dr. D. Alperin. It was discussed by

Dr. G. W. Thompson, who says that he has seen most disastrous results brought about by increasing the antibody the amount of which

in the system is not as yet under the control of the physician; thus the state of health and the condition of the blood were rendered far weaker and inferior to that present in the system.

Dr. Moran says that this anaphylaxis theory must be studied much more before becoming perfected; it appears to him like the diphtheritic antitoxin that was dreaded before its perfection as much as the disease itself.

Dr. Chas. Brandenburg expresses confidence that our plant remedies will in time do away with poisonous antitoxins, and cites as an example of his contention "hypodermic Lobelia."

Dr. Hyde says that anaphylaxis is maintained without danger if the application of the special remedy is made slowly, drop by drop, several minutes apart.

Dr. Lanzer says that anti-staphylococcus serum has given magical results, as have all ontogenic sera.

Dr. T. D. Adlerman asks whether that kind of injection can be prepared and made in a case of abscess of the liver.

Dr. Alperin answers that conditions formerly unexplained could now be better understood; rhus tox. poisoning, asthma, hay fever, food idiosyncrasies are thus explained.

Here the meeting was adjourned until the evening.

Evening session:

Dr. J. T. Sibley addressed the society on behalf of the National Eclectic Society; the address was ably conceived in thought and delivered with the adeptness that so well characterises the oratorical talents of the speaker, who emphasized the necessity of organization and of a large attendance upon the National Meeting at Washington, D. C., June 18th.

Dr. R. L. Watkins demonstrated his new and improved microphotograph, the "Migraf."

Dr. W. L. Heeve read an essay on "Our Hardships," which was discussed by

Dr. Alperin, who objects to the essayist's objection to vivisection if done by young students. Dr. Heeve replies that he wishes not to have vivisection done away with, but thinks it more appropriate if only advanced students were occupied with this work.

In response to a request made by the State authorities that the Eclectic Society define its standpoint on the subject of "Division of Fees," and merchandising in the medical profession, and on the subject of "Medical Education," referring to changes proposed in, and a prolongation of the curriculum of the medical student, there were unanimously adopted the following two

RESOLUTIONS.

Whereas, our attention and that of the people of the State has been forcibly called to the existence of a deplorable and unworthy practice,

by some members of the medical profession, termed "The Division of Fees," by the report of Dr. John H. Pryor and others of the medical society of the county of Erie; and

Whereas, it is our belief that a great majority of the medical practitioners throughout the State and country, are *not* guilty of the offence charged, nevertheless, we believe that such methods have been resorted to, in a greater or less degree for some time past, but that such merchandising of the profession is confined to a very few of its members; and

Whereas, we fully agree with the report of Dr. Pryor and his associates, as to the iniquity of the practice, nevertheless, we are of the opinion that the evil cannot be regulated by law, for the reason that in all walks of life, professionals and others, persons not possessed of a high moral standard influencing them in their business transactions do, and will employ despicable means, for the purpose of increasing their income; nevertheless, we do believe that the evil *can* be remedied, and the highest degree of honorable attainment reached by a searching investigation as to the moral character of the candidates for examination, and a thorough and complete educational campaign waged by the authorities of the various medical societies, and the teachers and leaders in our profession, as to the sacred obligations of a physician to his patient, and the high and honorable plane upon which they should at all times be entrenched, in their advice and treatment of patients; and

Whereas, history has taught that competition upon honorable lines, by honorable people seeking the greatest good for the greatest number, increases the efficiency of those acting upon such teaching and impulses, we believe that any legislation or enactments which would decrease the number of doctors practicing their profession, would increase, rather than decrease the evil complained of; and that the condition would be such as to endorse the contract system between patient and physician which, in our opinion, is one of the worst evils with which the physician has to contend at the present time; and

Whereas, the relations between patient and doctor are, and should of necessity be, of a most confidential and trustworthy character, it should be the duty of the physician to give advice without fear, insist upon a just compensation, and call upon the surgeon only when he deems it absolutely essential to do so, and let him suggest to his patient the advisability of consulting with another physician or surgeon before resorting to operative measures,

Now, in consideration of the foregoing, be it

RESOLVED, by the Eclectic Medical Society of the State of New York, now in State Convention assembled:

That this Society pledges itself to all measures and means which may be deemed necessary for the suppression and complete

annihilation of the system of merchandising the medical profession, as conducted by any member or members thereof; and be it further

RESOLVED, that we hereby direct and empower the President and one and all of the officers of this Society, to render the most efficient aid possible to any society, committee, or persons in authority for the accomplishment of the ends herein sought, and to this end we pledge our Society and its individual members without equivocation or reservation.

* * * *

Whereas, we note that the Board of Regents has determined that a course of five years shall be prescribed for the education and preparation necessary before receiving a license; and

Whereas, we especially approve of the licensee spending the last year securing a practical knowledge in some hospital, now, therefore, be it

RESOLVED, that we thoroughly approve of the system whereby the applicant shall receive and have hospital experience and, that, we recommend such rules and legislation as will open the door of every public hospital throughout the State to the receipt of medical students, pro rata as to the number attending the various colleges in each county.

Before adjourning, the Secretary was instructed to send the following Lettergram to Dr. Boskowitz:—

Dr G W Boskowitz,
242 W 73 St NYC

Albany N Y Mar 27 '12

Whereas, Dr. Boskowitz is detained at his home in New York on account of illness: and, whereas, this society misses his genial face and wise council: therefore, be it resolved, that the Eclectic Medical Society of the State of New York expresses its sincere sympathy for him and its heartfelt wish that he may soon be restored to health and the field of labor in which he has been so long an invaluable worker for the cause of Eclecticism.

EARL H. KING, *Secretary.*

* * * *

Having adopted these resolutions, the Society adjourned till the next morning.

On March 28th, the Society was called to order by the President who introduced Prof. John Uri Lloyd. Prof. Lloyd was welcomed by prolonged applause and chose as his subject the cause near and dear to his heart, Eclecticism. He claimed for it a constant progress, made in the years that he had devoted to the cause and showed with satisfaction that Eclecticism was never stronger than just now. Prof. Lloyd received the thanks and appreciation of the society by a rising vote of the members.

The report of the nominating committee was then received and the following officers were unanimously elected:

G. J. Olsson, M. D., President,
 G. W. Schaefer, M. D., 1st Vice-President,
 R. Toms, M. D., 2nd Vice-President,
 L. Adlerman, M. D., 3rd Vice-President,
 M. Pearlstein, M. D., Treasurer,
 R. W. Thompson, M. D., Secretary.
 O. H. Hyde, M. D., Secretary.

Upon suggestion of the National Society there were elected:

G. W. Thompson, M. D., Delegate.

Chas. W. Brandenburg, Alternate, from this State Society.

The outgoing officers were thanked by a unanimous vote of the Society, and the incoming officers were installed in their respective places; the standing committees were appointed, and the following essays were read, by title:

The curability of disease with medicinal products from the three kingdoms of nature—and, Corpulence as a disease with an outline of its individual treatment, by Chas. Lloyd, M. D.

Life, its creation and maintenance, by Max Meyer, M. D.

Berberis aquifolia as a remedial agent—and

High frequency current for correction of arteriosclerosis, by Lee H. Smith, M. D.

Infantile indigestion, by H. J. Terpenning, M. D.

What I know about capsicum, by M. B. Pearlstein, M. D.

Congestion of the portal circulation, by T. Robens, M. D.

The non-surgical treatment of the diseases of women, by John Hasson, M. D.

Intestinal peculiarities, by O. A. Hyde, M. D.

Convulsions of children, by A. Blaustein, M. D.

Practical therapeutics in lobar pneumonia, by M. B. McDermott, M. D.

Rhamnus californica, by F. E. Elliott, M. D.

Gasolene in medicine, by E. P. Sinclair, M. D.

Practical examination of uric acid, by T. S. Schlauch, M. D.

Hydrotherapy, by P. Canitz, M. D.

The Arrangement Committee was then given full power to select the place of meeting for next year's assemblage, and the Society adjourned.

* * * *

Essays not read at the meeting will be published as space will permit.

Eclectic Medical Society of the City and County of New York.

The regular monthly meeting of the above Society was held in the College Auditorium Thursday evening, March 21, 1912. Dr. H.

Harris presiding. The minutes of the previous meeting were adopted as read.

The essayist for the evening was Dr. S. A. Hardy, who read a paper entitled "The repair of the Perineum."

After describing in detail the operation for the repair of this injury—he recommends the physician to suture the lacerated perineum promptly, as it allows the healing process to go on at the same time as the involution of the genitalia, and if the operation is performed with proper aseptic precautions the two processes of repair can go on to completion simultaneously. That it shortens the period, that the patient is confined to bed and as most of these cases occur in the middle and lower classes, where time is an important factor, to make the lying-in period as brief as possible is the duty of the physician. The discussion was participated in by Drs. Thompson, Lloyd, Lanzer, Hyde and MacDermott. After which a unanimous vote of thanks was tendered Dr. Hardy for his very interesting paper.

There being no further business the Society adjourned.

M. B. MACDERMOTT, *Sec'y.*

Eclectic Medical Society of the State of New Jersey.

The Thirty-eighth Annual Meeting of the New Jersey State Eclectic Medical Society will be held in Newark, N. J., on May 23, 1912. The May number of the REVIEW will contain full data as to the place of meeting, hour, names of speakers, subjects for discussion, list of essays promised (now is your time to send in your title of subject) and other matter. Don't miss reading the May issue of the REVIEW and above all don't miss attending the meeting. Don't fail to come prepared with a "paper," "essay," or "message" of some kind on some live subject.

We want a full attendance, new members and a strong delegation to attend the National.

G. C. Young, Pres't,
Washington, N. J.

G. E. Potter, Sec'y,
100 Halsey St., Newark, N. J.

American Medical Editors' Association.

The Annual Meeting of the Society will be held at Atlantic City, New Jersey, on June 1st and 3rd with headquarters at the Marlborough-Blenheim Hotel.

Dr. Thomas L. Stedman, Editor of the *Medical Record* will preside and an attractive programme is being prepared.

The Annual Banquet will be held on the Evening of June 3rd. Every Editor and those associated in Medical Journalistic work will find this meeting worth attending.

Very truly yours,
J. MACDONALD, JR., *Sec'y and Treas.*

Items

Commencement, May 15th, Hotel Astor, 8.30 P. M. Keep the date in mind.

Beachonian dinner—same date and place—10 P. M.

Alumni meeting—same day at the College—239 East 14th St. This will be a most important meeting.

The 29th Annual Convention of the Texas Eclectic Medical Association will be held at Waco, Wednesday and Thursday, May 15-16, 1912.

The 24th Annual Meeting of the Kentucky Eclectic Medical Association will be held at Seelbach Hotel, Louisville, Ky., May 21-22, 1912.

A fine picture of Dr. E. Jentzsch accompanies the literature on Subculoyd Lobelia.

Fine opening for a young Eclectic at Herkimer, N. Y. Write to Dr. Irving Nellis of 115 Green Street, Herkimer, N. Y., for particulars.

Dr. C. R. Crow writes that on account of ill health he is obliged to dispose of a lucrative practice. Write him, 1238 N. Illinois Street, Indianapolis, Ind., for particulars.

Dr. M. B. MacDermott has removed his office to 306-310 West 51st Street.

Your private cases can be nicely accommodated at the White Cross Hospital, 328 West 137th Street. It is pleasantly situated and thoroughly equipped—for particulars address Henrietta Brunor.

Dr. Jacob Saffier passed the examination of the Connecticut Eclectic Examining Board, March 12, 1912, and is now located at 109 Sherman Avenue, New Haven. Well educated young men, thoroughly imbued with modern eclecticism, like Dr. Saffier, are heartily welcomed by the eclectics of Connecticut. There are still a number of good locations in that State for such men.

Greater New York Number.

In June the *American Journal of Surgery* will issue a number composed of original contributions from men of recognized prominence in the medical profession residing in Greater New York. Among those to contribute are: Herman J. Boldt, C. N. Dowd, Meddaugh Dunning, Wm. S. Gottheil, E. L. Keyes, Jr., Howard Lilienthal, Chas. H. May, Willy Meyer, Robt. T. Morris, S. Lewis Pilcher, John O. Polak, James P. Tuttle, James P. Warbasse and others.

Contributions from these well-known men should make this issue of particular interest and value.

Very truly yours,
J. MACDONALD, JR., *Managing Editor.*

The State meeting is a thing of the past. Read Von Unruh's report in this number.

It was a great success and President Teddy's efforts bore fruit.

A fine delegation went from Greater New York on a special. And who do you think went with them? Why, Mandy. The propriety of things don't appeal to him.

Quiet and peaceful was the first day—but a short wind storm struck it the morning of the second.

Diamond George "resolved" and for a minute it looked as though he would "dissolve," the Earl King took a hand spring over the rail and Teddy pounded the gavel. The Kenmore Judge came to the rescue and all was peace.

King insisted upon being relieved of the secretaryship so his neighbor, Geo. R. Thompson, of Lucerne, was selected to fill this important office. Thompson has had a fine training in fraternal circles and should make a good secretary.

And Pearly will handle the money bags.

The gentleman from Flatbush will wield the pen as corresponding secretary.

And "Papa" could not attend.

Book reviews have been crowded from this number and will appear in the May issue.

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113 West 31st St.,
X-RAY LABORATORY AND ELECTRO-
THERAPEUTICS.

CHARLES W. BRANDENBURG, M.D.,
223 East 14th St.,
CHRONIC DISEASES AND ELECTRO-
THERAPEUTICS.

BAILIE BROWN, M.D.,
88 Bowers St.,
Jersey City, N. J.
PHYSICIAN AND SURGEON.

MAX MEYER, M.D.,
14 East 120th St.,
CHEMICAL AND PATHOLOGICAL
LABORATORY.

LEWIS LANZER, M.D.,
220 Penn St., Brooklyn, N. Y.
SURGERY.

J. C. ROSENBLUETH, M.D.,
348 East 72d St.,
GENERAL PRACTICE.

CHARLES LLOYD, M.D.,
478 4th St.,
Brooklyn, N. Y.
DIAGNOSIS AND INTERNAL
MEDICINE.

Z. MOSHKOWITZ, M.D.,
314 East 3d St.,
DERMATOLOGY.

PAUL CANITZ, M.D.,
1944 Madison Ave.,
HYDRO-THERAPY.

T. D. ADLERMAN, M.D.,
70 Rogers Ave.,
Brooklyn, N. Y.
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P. MARLOWE, M.D.,
87 Henry St.,
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DISEASES.

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20 West 34th St.,
HAEMATOLOGIST—DIAGNOSIS BY
BLOOD EXAMINATION.

ADAM B. WOLFE, M.D.,
172 Foxall St., Brooklyn, N. Y.,
GENERAL PRACTICE.

A. BLAUSTEIN, M.D.,
421 6th St.,
DISEASES OF CHILDREN.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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Our College.

Last month we stated the needs of the school in a plain editorial, and following it a meeting was held in the office of President Boskowitz, at which thirty-five of our graduates attended. And it is with pride and pleasure that we report that at this gathering the enthusiasm for eclecticism was spontaneous, and that the responses to the appeal were so generous that more than the amount called for was subscribed.

Every one present seemed to feel the responsibility.

The college must be sustained—its good name upheld. It has a mission to fulfill, and even if we make personal sacrifice, the institution that has done so much for us must be continued.

I grew better and stronger (for I had been quite ill), as I listened to the expression of these sentiments and looked at the youth and vigor of those present.

Eclecticism is safe—the college is safe in their hands. There will be money enough to meet all present requirements, and, as to the future, we have no fear. The college is in the hands of its alumni. They will care for it.

The Time Approaches.

The next meeting of the National is not far off. What arrangements have we made to attend this meeting? What excuses have we invented for not doing so?

Let us consider the matter a little. We are on exhibition at the most noted center in the United States, if not in the world. Are you going to lend your aid to make it also the most noted meeting in this history of the Association? If not, why not? Everyone is aware that it requires a sacrifice on the part of all; or at least a seeming sacrifice, to leave our business, spend our money and time to attend this meeting, but those of us who make the pilgrimage yearly know that it is not a sacrifice to do so but an absolute advantage. It broadens us out, relaxes tension and makes us feel the necessity for closer union of our forces. It also pays in dollars and cents when one casts up the columns.

Many of us, I will venture to say, have never visited the National Capitol, and therefore do not realize the educational benefits

to be derived from a visit of a few days in that city. Congress will be in session, hence the city will present the life that is usual to it.

Let me urge as strongly as I can, that all who can will go. Let us make as good showing for our school as we possibly can. The accommodations which our Committee of Arrangements and Entertainment have secured are the best and extremely reasonable. The cost will not be excessive as it will be the season for tourists' rates. Go then and see Washington. Take part in the work of the Association, and by your help make of this meeting a grand success. We have labored hard for a year. We will labor to the end. If you do your duty the end will be what it ought to be. Fail to do so, and success will not be attained.

STEPHENS. •

Hints and Winnings.

In preparing the remarks which follow in regard to indications furnished by the tongue, I have freely used the substance of several articles published in the *Medical Harbinger* and the *Clinical Medicine*.

The fact is clearly apparent, and, therefore, hardly need be mentioned, that the appearance of the tongue must be influenced by its own diseases or by those of its surrounding tissues of the mouth and nasopharynx. When, therefore, we observe the tongue and duly estimate the significance of its coating, we should inspect carefully the oral and nasopharyngeal cavities. We must also examine into the symptoms presented and decide whether or not the dyspepsias and their effects give us any explanation of the varied appearance of the tongue. A fundamental property of the tongue is the extraordinarily rapid shedding, and the normally corresponding regeneration of the surface epithelium, for a few hours after the thick coating has been removed from a dyspeptic tongue it is often restored again without any observable loss. In the case of the pale, coated tongue of dyspepsias we find a lack of force in shedding the superficial epithelia, and correspondingly a tongue-coating of more or less thickness which corresponds also in its greater or less adherence to the degree of the dyspepsia in question.

One result of a superacidity of the stomach is a supernormally nourished blood, and a lack of acidity of the stomach results in anemia. The nourished condition of the blood depends upon the acidity of the stomach, and this unquestionably shows that a clean tongue is the result of a normal up to a supernormal acidity of the stomach. A result of a lack of gastric acidity, according to the accepted rule, is anemia, a result of which again is a weakness in the shedding of the tongue's epithelia, that is, a coated tongue. In cases of superacidity, without any other symptoms, we usually find a clean tongue.

The shape of the tongue tells us of the condition of the sympathetic nervous supply. In the narrow tongue we need sedatives, while remedies that are stimulating in their effect are always contraindicated. In the broad tongue remedies that cause nerve prostration, or are depressing in their effects, are contraindicated. A tongue that denotes wrong in the small intestines is rather broad and nearly a normal color, slightly coated, but the tip is studded with minute blisters. Here we note a considerable nervousness, with cold, clammy condition of the lower part of the legs and feet. Deep pressure about the umbilicus finds tenderness. Here easily digested food and such remedies as ipecac, pulsatilla, colorless hydrastis and hyoscyamus will be needed. A tongue that is spotted from patches of epithelium the size of a large kernel of corn being off, should call our attention to worms. The fissured or mapped tongue is supposed to indicate a rural congestion or inflammation, and may indicate a condition of the nervous system resulting from syphilis. The tongue that has a thick coating which looks like cheese, and shows a yellowish coating running forward from its base, is very good evidence of torpor of the liver, stomach and entire upper intestinal tract. A dry tongue always evidences irritation of the nerve centers, and when it moistens, we know that these centers have been relieved. In this case phytolacca is an indicated remedy. A full, expressionless tongue, sometimes a little puffy, with a single fissure dividing the organ into two lobes, and of a leaden color, is an indication of poor nutrition and bloodmaking. Here phytolacca and restoratives are needed. A full, broad tongue, with a considerable coating, the edges showing indentations from contact with the teeth, evidences a fermented state of the stomach and bowels, and demands an antiseptic in combination with an alkali, such as sulphite of sodium, and an active dose of epsom salt. A tremulous tongue evidences debility, and calls for restoratives.

In an article on the erratic activities of the little pneumococcus, written by Dr. W. H. Thompson and published in the *Medical Record*, attention is called to its frequent attacks on the heart, and the consequent importance of carefully noting the condition of the six elements of the pulse in all cases of pneumonia. In part the doctor says:

"At every visit to the patient the physician should examine the heart as well as the lungs, and for this purpose should carefully note every one of the six common elements of the pulse. Three of these elements are due to the action of the heart, and three to the state of the arteries. The cardiac elements are strength (or force), rhythm, and frequency. The three arterial elements are size, whether large or small, quality, whether compressible or incompressible, ordinarily called soft or hard, and third, duration, or whether the

pulse wave passes quickly or slowly under the finger. Often the only things noted about the heart are to count the frequency by the watch and feel whether the pulse is bounding or not. Of all these signs given by the pulse the most ominous is change in rhythm, whether it occurs early or late. I fully agree with Dr. Mackenzie that a change in this respect, that is, virtually an irregular pulse, presages death more than any one other symptom. Next to it comes great frequency, every rise above 125 in an adult adding to the gravity of the prognosis. Force or strength is always to be noted, but a feeble pulse, if only regular, is not so grave in its meaning as the above, because we have so many means for strengthening a merely failing heart."

During the spring months of this year Connecticut had to contend with another epidemic. In the early fall of last year a large number of cases of typhoid fever occurred, and in March of this year sixty-eight cases of smallpox were reported in the State, and later additional cases were reported to the State Board of Health. In his *Monthly Bulletin*, Secretary Townsend, in speaking of the prevalence of smallpox in his State, in part says:

"It seems important to call attention to the necessity of a more general vaccination. This has been sadly neglected for a number of years, due to our remarkable freedom from smallpox. In nearly all the present cases the patients have never been successfully vaccinated and none within ten years. The cases have nearly all occurred among the native-born, the foreign-born, excepting those from Canada, being as a rule better vaccinated and more particular about the vaccination of their children.

"The experience of a hundred years throughout the civilized world has proved the absolute protection against smallpox afforded by thorough vaccination with reliable lymph, and repeated with sufficient frequency. The protection secured by a single vaccination is not perpetual in all persons. Therefore revaccination should be practiced after a few years, especially if the disease is prevalent. All men of experience are agreed that no quarantine, however rigid and well carried out, will absolutely prevent the spread of smallpox. There are always mild unrecognized cases, which never have a physician and which go on spreading the disease after the severe cases are quarantined. Quarantine has not stamped out scarlet fever or diphtheria and it will not stamp out smallpox. Vaccination and vaccination alone will prevent it."

In article published in the *American Medical Journal*, Dr. Percy Lee Templeton, of Montpelier, Vt., well points out the importance of giving careful attention to the business end of the practice of medicine, and in part says:

"To make any business a success, it is necessary to attend to

that business. Such is the requisite for a good merchant, and no prosperous farmer can neglect attention to every detail; and it is as much an element of success to the physician as in any other profession, trade, or method of earning a livelihood. Neither is there any element of niggardliness or undue indication of thrift in the closest inspection of all the details of the doctor's business. Granted that a physician's personality is the main factor in securing patronage, that it is necessary to inspire confidence in his ability and gain the friendship and good will of the public; finally, when all is said and done, it is the balance-sheet that shows the successful business, and, to make it favorable, adherence to business methods is necessary."

Our scientific friends over in Germany are surely going some. Their discoveries follow each other with such rapidity that the average doctor is kept constantly busy guessing what will come next. The most astonishing of the late discoveries is that of Prof. Spolteholz, who, by the use of two complicated organic chemicals, makes the human body transparent after death. As a result of this discovery it is claimed dissection will be unnecessary, the bones, muscles, nerves, blood vessels and the full mechanism of human life being clearly displayed for inspection and study by the doctor's process.

We of the "old guard," who for twenty-five years have watched the steady and honorable advancement of the New York Eclectic College, naturally feel much pleased with the result of the meeting recently held at the President's office. The action taken was a decided and well deserved vote of confidence in Dr. Boskowitz and his associates—men who have freely given much of their time and money in order to make a reputable Eclectic College in New York a possibility. To them most sincere thanks are due from every friend of our rational, efficient and pleasant system of medicine.

As I observe the numerous articles on "sex hygiene," or sexual education, now appearing in the medical and lay press, I am reminded of the course advocated by the late Dr. A. J. Howe in regard to this important matter. He said that doctors should advise the head of every family to purchase some fully illustrated standard work on physiology—no high school or "lost manhood" books—but such as are commonly used in medical colleges, to be placed with other books in the family library, where the boy and girl could find all knowledge about reproduction and yet obtain no undesirable information. In such standard works may be found the plain facts of physical procreation, and nothing is said about lust and the impulse of passion. If Dr. Howe's views were carried into effect much good would be accomplished. I never could understand why there should be so much secrecy about facts all human beings must learn sooner

or later. In addition to the knowledge provided by Dr. Howe's method, mothers should warn their daughters against the wiles of over ardent lovers and then let the subject drop. Any attempt to teach sex knowledge in our schools is sure to do more harm than good.

FYFE.

Levi E. Horton, M. D.

Doctor Levi E. Horton, for many years an active member of our state organization, and for some time its treasurer, died on April 22nd, at his home in Avoca.

The following is taken from the local paper :

Avoca, April 23.—(Special)—Dr. Levi E. Horton, for a quarter of a century a practicing physician in this town, died at his home here at an early hour yesterday morning. He had been in poor health for a year. Besides his widow he is survived by one son, William E. Horton, of Hornell, and a daughter, Mrs. Beryl Rathbone, of this town. His age was about sixty-eight years.

Dr. Horton was born and brought up in Bath, where for many years his father was a well-known physician. After completing his medical course, he practised his profession in the neighboring hamlet of Towlesville, from which place he came here. He served with honor in the civil war, being a member of one of the New York batteries, and was an influential member of the Oscar Marcey Post, G. A. R.

Original Articles

Address.

BY J. T. SIBLEY, M. D. EASTERN ORGANIZER OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Mr. President, Ladies and Gentlemen :

The few remarks that I shall make to-night can hardly be dignified by the title of an address. They might more appropriately be termed a little talk ; and while there is no occasion for indulgence in any oratorical pyrotechnics, or the use of any lengthy, finely fashioned sentences, this little talk is about a matter of importance. I am now and have been for many years an active member of the local society in New York City, as well as a member of the State Society meeting here now ; but at the present moment I am especially and emphatically a member of the National Association ; and as its representative I greet you and bring you a message. It is the message of good cheer ; for never was the National Association in such splendid shape. Never was it so powerful for good, never so well able to uphold the prestige

of Eclecticism; never so well able to fight off the dogs that are constantly snarling and barking at your heels. Never was the game of medical politics played so assiduously or so adroitly as it is being played to-day.

The enemies of Eclecticism in the past used every means in their power to destroy it. Every weapon from the tiny popgun of ridicule, to the postponed arrows and darts of falsehood and deceit have been used to crush us; but wrapped in the immaculate panoply of truth, Eclecticism has weathered all the storms and is stronger to-day than at any time in its history. The old school people have practically admitted their inability to cope with us in a fair square fight before the people; and they are constantly seeking the air and alliance of some strong influence, especially the influence of legislation; and into the law-making bodies of the county measures have been introduced from time to time, measures designed especially to hurt us, that would make the most experienced metropolitan boss look like a novice in the modesty of his demands, and the simplicity of his methods.

Misrepresentation, abuse and legislative unfairness have all failed to do their work; but a new unholy alliance with a bag of money makes it necessary that we gird up our loins, buckle on our armor and be on our guard. Individually we are practically helpless; but there is a force which we can invoke, through which we can win; and that force is the power and influence of the National Association. It is the barrier between the individual and the common enemy; the bulwark of our professional existence. Destroy it, and Eclecticism will exist only in name. The wonderful prosperity of the National Association and its rapidly increasing membership are the signs that point to victory. Such an organization with so just a cause cannot fail in its mission to procure for the common good the only system of medicine with a national system of therapeutics, the only system where common sense and true American liberality are the principal elements of its foundation; and the tyranny and cowardice of designing men cannot prevail against it.

A school of medicine which for centuries strenuously fought every effort to improve the healing art is not fit, is not competent to dictate in such matters, no matter how impudently it may declare its right to do so; and the privileges which we enjoy to-day, privileges that have been won by years of battling for justice, cannot be revoked as long as the perpetuity and success of the National Association is assured. The demands of the old school, that it be given absolute control of all medical matters throughout the land is no less impudent than dangerous.

Whether we relish the idea or not the fight is on, and every true Eclectic must do his duty which is very plain. The perpetuity of our system and the very existence of our colleges are being attacked in a

most violent manner; and I do not believe that the Eclectics of to-day will be less earnest in their support of the cause, than were the pioneers of sixty or eighty years ago, who by steadfast devotion to principle routed a horde of vagabonds and villifiers who sought to destroy them.

No one class of people is more interested in elevating the standard of medicine than the Eclectic physicians; but when in the guise of elevating the standard unscrupulous men seek to destroy everything that does not conform to their own narrow views, then we most emphatically protest; and these meddling schemes are the things that drag the science of medicine down and make intelligent people marvel at the insincerity and dishonesty of men who by every consideration of education and training, and by the solemn assumption of great responsibility ought to be the very embodiment of truth and honor.

And now a few plain words: It is your duty to sustain the National Association in every way you can. You can do it a genuine service by attending the meeting at Washington in June. We want the encouragement of your presence. We want the pleasure of your association. We want the benefit of your opinion on the many important matters that will come before the association for consideration. The time and the place of the meeting are most inviting. You will need a little trip about that time. Your sick patients will be away for the summer, and, instead of losing anything, you will be a gainer. Those who have attended the National heretofore will bear me out in the assertion that for splendid good fellowship, and the opportunity to keep right up with the procession, the National is the thing.

The National Association is no longer a separate and independent concern. It is a thoroughly representative body. Each State society is part and parcel of it. The interests of one are the interests of all. This general affiliation of all the State societies binds us closer together and better fits us for our work. The Arlington Hotel will be the place of meeting as well as the headquarters of the association. The accommodations are excellent, and a special liberal rate has been made for us. The Arlington is situated at a spot filled with the romance and history of the Federal Capital. There are many places of interest in the immediate neighborhood. If you fail to attend the National this year, never complain again about anything; for you will have thrown away the best opportunity you ever had to get right with yourself, and right with the Universe.

That you may know just how the National is prospering, I will say that three years ago its membership did not exceed four hundred. To-day its membership is more than twelve hundred; and twelve hundred honest, sincere men in the right, and more than a match for a hundred thousand unscrupulous men in the wrong.

The Growth of Separated Tissues.

BY DR. MAX MEYER.

It is about time to hang the new fad: "The growth of separated tissues" a little lower for the reason that the deductions thereof are misleading and confusing. The "competent worker" and "the zealous experimentator" has brought his observations into the medical journals and has spoken about them before the societies, while the busy practitioner has reflected upon the new wonder and the wonderworker, which envelops his miracles in new terms with high-sounding technical expressions; he searches his scientific armamentarium and speaks of graftings and regenerations "from quantitative limits of qualitative limits," of growth "in vitro," of spindle-shaped, concentric arranged proliferations, growing in parallel rows and to be similar to the growth "in vivo" and the like. These phenomena are puffed up, and we hear of the great importance of the discovery with the label attached to it: "brand new." Naturally the lay-press takes hold of the "startling discovery," and now all kinds of illusionary predictions are fired broadcast into the world, hence we read of ridiculous statements as f. i., "that the time is not far away when meat can be grown for the market, just like potatoes," etc.

Now let us see if there is any truth in it. For a long time it has been known that an apparent growth from animal tissues can be produced in suitable mediæ, but it is also conceded by the experimentators that the results "are not yet numerous or entirely satisfactory," because the integrating phenomena are sometimes present in one and absent in another experiment, while this failure is explained to be due to unsuitable mediæ employed.

When we carefully peruse the phenomena of both kingdoms, we find that they are based upon the laws of chemical liability and stability. Before the creation of plants and animals the elements existed in gaseous form and in the statu nascendi. By mutual attraction and repulsion of the atoms this condition caused a constant motion between the heterogeneous elements, and the consequence of this activity was the union of a part of the components with the final result of the formation of inorganic compounds which, after a time, united again to combine into an enormous number of the highest unsaturated compounds possessing saturated, half-saturated and unsaturated affinities. By mutual attraction these affinities grouped together and formed molecules, but still they did not come to rest, because free and open affinities were present and consequently attracted each other, they assembled and formed microscopic conglomerations. A constant motility was still going on in these aggregations, and colonies of molecules produced new centres by the active attraction of their positive and negative affinities, thus forming what we term "embryonic cells." A part of the prevalent energy was absorbed by this union, i.e., the affinities became inactive,

hence the point of cessation or solidification or crystallization was reached. But this does not mean that the cells were completely dead, only they are inert to outside influences, while within a constant exchange of affinities goes on. Suppose these crystallized cells are brought into proper soil, where a large amount of unsaturated compounds are present, it is evident that the contact of the unsaturated compounds within the cell will combine with those of the surrounding medium, and the result is heightened activity, i.e., stability is brought back to lability and a *statu nascendi* is established again, hence motion, energy, life prevails anew. While this process is constantly going on, a diminution of energy must necessarily follow, and finally, as the free affinities are gradually neutralized, the point of ultimate solidification, ripening or crystallization is reached.

It is not the place here to go into details, suffice it to say that exactly the same processes we find not alone in the vegetable, but also in the animal kingdom.

The embryonic or germinal cell possesses in the first moment the *statu nascendi*, the highest degree of lability, but constant union between the unsaturated compounds takes place, therefore it follows that the free affinities successively become neutralized, the inherited energy must decrease and finally cessation of motility takes place, which means the attraction of heterogeneous affinities is established. In other words, the cell is at its maximum, it has reached the point of attraction towards the outer environments, but within the forces are not dead, but latent only. The enormous impulse, given to the cell during copulation, transmits to the molecules an elementary energy, the impact is so forcible that the constituents are violently shaken up and regain by this occurrence their lost intensity, namely: the affinities of the molecular elements are brought back to the *statu nascendi* and have now again the highest degree of lability, which gives rise to new assimilation, motion, growth and life. This process resembles strongly the passage of an electric discharge, and, indeed, reproduction is nothing else than an electrolytic phenomenon.

The experiments made by Bischoff, Oellacher, Hensen, Loeb, Wilson, Carrel, Hadda and others show distinctly that the growth from embryonic or adult cells can only be effected up to a certain stage, which is limited besides; above this the new offspring, which is a bud only, ceases to grow, the affinities have lost their energy and the substance dies.

This then shows conclusively that in the molecules of separated tissue a certain amount of energy is preserved, but this is limited, and the cell is not able, by the constant loss of lability, to build up new or mature tissue, hence complete stability soon sets in, and the point is reached when death occurs.

We then must admit that the reproduction of tissue not alone is

nothing new—Palingenesis was a much practised study in the time of Paracelsus—but also that the promises of the regeneration of new and mature tissue is a *fata morgana*.

14 East 120th St.

The Post-Acute State.

BY VICTOR VON UNRUH, M.D.

Presented at the Annual Meeting of the Eclectic Medical Society of the State of New York.

In the study of disease as of any other subject or object, there are employed two methods: synthesis and analysis. The synthetical method, in medical science, of assembling cardinal symptoms, has evolved a nomenclature of diseases, whereby we classify an artificial compound of symptoms under such terms as: scarletina, measles, typhoid, diphtheria, etc.; or we pigeonhole them under infectious and non-infectious diseases—a method that has been in vogue for centuries and, with slight alterations, is still adhered to by such of our friends who cannot rid themselves of the fallacies that such classifications necessarily create. Bacon foresaw the other method—the gradual victory of observation and experiment; the triumph of actual analyzed fact in every department of human study—and to-day analysis is employed persistently and logically by the reform thought in the treatment of diseases called Eclecticism and Specific Medication. This method has for us evolved the individualizing of symptoms. Thus we observe that diseases are composed of several elements, phases, symptomis, or states, and we study and treat each of these in detail. Taking up these details, we endeavor to trace the cause, the progress, the symptoms of each phase or state, the influence upon vital processes of the organism, and finally the subsidence.

While observing the subsidence of an acute disease I have found it useful to continue the analysis of this phase or state, and often there evolved something worthy of notice and of further study. In presenting for consideration the term “post-acute” state, I disclaim that it represents any new theory or idea in original research. The danger of the investigator eagerly snatching at the coveted distinction of being reckoned an adept at original research, and too quick to echo the exclamation “Eureka!” or to cry “Behold! this have I found”—this danger becomes apparent too often in our days, in the dogmatic and arrogant confounding of hypotheses with established results. We have daily instances of how fallacies are thus mistaken for truths, and of the dire consequences of such sham-truths upon the practice of our art and science. Thus I do not cherish the hope ever to become one more in the ranks of the “original research” cranks. What I wish to bring out is based rather upon analyzing observations close enough to justify, in my opinion, the term “post-acute” state, which

should, and I hope will be, carried deeper, so we may attain a still better understanding of the treatment of diseases.

Observations at the bedside and of clinical cases seem to me to justify some conclusion which I comprise under this term. I have come to distinguish a certain state that, upon an observer sufficiently close, plainly obtrudes itself after every acute attack. And I hope to be clearly understood that this term or the state for which it stands must not be confounded with subacute, chronic, or convalescent states. What the term denotes requires no further elucidation beyond the statement that the state itself is distinct and distinguishable from any other phase of the disease with which one is dealing. I claim that this post-acute state has not as yet received the attention it should have on the part of the general or average practitioner. This is partly because it is only a close observer—one who makes a special endeavor to observe—who will become aware of it, and partly because most of the practitioners seem to rest contentedly upon the laurels of having fought off or subdued an acute attack. But the physician who does not become aware of this post-acute state, or perhaps would abrogate its existence, is only too apt to leave the case to take care of itself for a day or more, and this at a critical moment. And so he will often have on his hands later on a chronic or complicated case that is much harder to handle than the acute attack he successfully had combated.

The post-acute state marks a distinct point or level, reached when the organism is at its lowest level of resistance or of recuperative power, in spite of the impelling inner vital force and in spite of its being sustained by the physician's remedies. The loss of nervous, circulatory, and respiratory resiliency, the lowered vitality now unable to recoup, or to speak through our friend Wright, "the lowered opsonic index," always make me think of a Pyrrhus victory gained by the combined forces of physician and patient. This post-acute state may last for a few hours only or extend over a period of days, proportionally as the the resiliency of the organism has been little or much impaired. And upon the timely recognition of the setting-in of this state will depend whether we shall have to deal with complications of heart, lungs, nervous or other systems, or be confronted by a much prolonged convalescence, or lose our patient. Furthermore, most complications, I claim, have their inception and causative factor at this very point or level.

To him who asks how to recognize the beginning of this state, I should answer: "They who have eyes may see." It will require some study and the training of all the senses to be able to perceive at a glance the point when, on subsiding acuteness, the post-acute condition is reached. But we all can do it by applying ourselves more closely to the study of the individual case. How often have we heard

regret expressed by physicians who failed to recognize the moment when "coming in" with proper restoratives or stimulants would have saved for themselves a lot of trouble and much hardship for the patient. Is such regret anything but an admission of one's own sufficient knowledge resulting from a perception too superficial? We know that the acuteness of a disease often manifests in different phases, calling for aconite, gelsemium, or veratrum respectively. But having accomplished the purpose of the remedies administered, then comes the time to look closely, think quickly, and act without delay. In a measure, the beginning of the post-acute state may be gauged beforehand by the knowledge of how and when our remedies for the acute state will act.

Textbooks extant upon the various aspects of diseases help but very little in the perception of the varying states, because each case is individually different, even while presenting cardinal symptoms. And since each case is different we cannot logically speak of a "typical" case; to do so were to slap our own teachings of individualising in the face. Yet, *faute de mieux*, the thing must have a name, I admit. On the subject of lobar pneumonia, textbooks say: "In some cases there is great irritation of stomach and intestines," which means gastro-intestinal complications. But I have yet to see in any textbook a statement as to the time when one may expect these symptoms to manifest, or what are the threatening signs of approaching complications. Again, a lecturer cannot supply us with the actual perception that we gain by observation, which is, after all, the chief guide in the treatment of a case. Since humanity is forever on the road to higher development, i. e., developing individuality, so, also, the same individuality is expressed more noticeably day by day in the diseases we encounter.

For some concrete instance let us turn to that pneumonia case as its acute state subsides. Immediately upon the cessation of the fever there is a time when the patient will breathe easier, though still laboredly at the hepatisation stage. Yet, one can see and almost feel the easing of the whole organism. The eyes are no longer dull, the flushed face becomes paler, the features are less drawn, and the pinched expression vanishes. Now, I think, is the moment to act; quickly administer remedies to sustain, tone, or stimulate the system. Whether one uses phosphorus, nux, echinacea, etc., is immaterial as long as they are used according to indications; for at this psychological moment they prove of greatest value in stiffening up the constitution so complications may be avoided.

In diphtheria, as the active symptoms abate, anaemia and weakness always set in. This fact is but an argument in favor of watching the exact moment when, by giving proper remedies, those conditions could be averted. Sudden death after diphtheria occurs so frequently

that it is the strongest possible argument in favor of watching that moment for applying our remedies by which the whole organism could be so strengthened as to make cardiac paralysis impossible. It is always at the psychological moment that our remedies will act best; and I hold that this psychological moment arises at the subsidence of the active, acute state. Scarlatina very frequently is followed by glandular involvement and suppurative phenomena, arthritis, nephritis, etc. The thing to do is to look for that moment when subsidence of acuteness will give the clue to employ our remedies so no organ remains weak enough afterwards to succumb to complications. But one cannot do this unless one knows when to start; and the point of time for starting is often a very fleeting one. Measles, again, so often wrongly termed a self-limited disease, gives one much of sorrow and sleepless hours when complications set in, or the dreaded sequela, tuberculosis, makes its appearance. Is all this proof of having done our utmost in diagnosis and treatment?

Complications are a bad advertisement for the physician, that is to say, for his ability to avert or avoid them; and undoubtedly they can be averted by a closer application of himself to the phases or states of the disease. Deficient secretions rendered normal or the checking of an over-amount of them is a good sign of subsiding acuteness. Manifestations of temperature, when properly taken and recorded; are a valuable and almost unfailing sign of recognizing the hour when the post-acute state is at hand. Why should one then wait until the weakness of the patient is so obvious that the proverbial blind man could see it? Hesitation always bears complication in its train. It is the time when the physician asks himself the question: Is the patient going to fall on this or that side of the grave-yard fence? that is dangerous for the case; and that time should never come, provided we are early enough on the case. Asking oneself a question is indicative of insufficient knowledge, hence results in the failure to receive an answer, which failure again manifests in the attitude of expectation usually apparent when mental activities cease. From the self-questioning and indecision results that bane of the profession, "expectant treatment," or doing nothing, which is synonymous with knowing nothing. "Expectant treatment" is the cloak for culpable ignorance or insufficient perception. It is this perceptive faculty that no one more than the physician should acquire; and none can possess enough of it.

The study of complications is an extremely intricate one, and one regarding which physicians often maintain far too sanguine a disposition. Each case presents difficulties similar to no other because of the individuality of the case. And complications become the more intricate because most of us do not know just when they may be expected to appear. My contention is that complications most

often have their beginning at the very moment the acute stage begins to subside. The house on fire endangers neighboring structures. So also it is but logical to assume that the disease spark—if I may so term it—will all the more readily invade an organ or a homologous structure weakened by a neighboring, localised fire, or fever. Closer observation, experiment, analysis, and application, and still more individualising study will be required in order that we may conquer the movements of these satellites of acute disease.

Again, to recognize this post-acute state often requires the ability to see beyond the purely material or physical plane. We need not be reminded of the fact that the greater majority of physicians in this day are too materialistic and thus obscure a most important factor of their armamentarium—a recognition of and reliance upon that invisible, more refined and tenuous faculty in mankind. All disease conditions are influenced, relieved, and even averted or avoided by that inherent, invisible power, called life-force—viz: *medicatrix naturae*, *opsonins*, if you will—all alike, the bugbears of physiologists, pathologists, and even psychologists. But for this inner power of the real man, a physician would be unable continuously to breathe the atmosphere of diseases without, in time, succumbing to them himself. Yet, the man with the scalpel in one hand and the *materia medica* in the other, and both his eyes upon the microscopical specimen will claim that this power is not demonstrable, in fact, simply *non est*. But man in general, and the physician particularly, should come to rely upon his faculty of inner perception in conjunction with his other now recognized means of diagnosis. The physician must know that what he accomplishes is not altogether due to his reliance upon mere physical means and senses. Man has finer senses than these; and none know this more keenly than the unfortunate who are partly or wholly deprived of the use of one or more of their physical senses. Yet, in spite of physical drawbacks, a physician may arrive at a correct diagnosis; whereas reliance upon physical senses alone, however highly educated, is not always productive of accurate results. One employs these finer senses either consciously or unconsciously—subconsciously, if you will; but at all times their verdict will be found correct.

We hear so much in these days of how proud we should be to possess a *materia medica* and therapeutics infinitely superior to that of the old school. But the very fact that our remedies are so much more effective and prompt to give relief is but one of the strongest arguments for their more extended use, even though we are accused time and again of being “drug mad.” The more we learn of the conditions and states of diseases against which we employ our remedies—and employ them at the psychological moment—the more will we gain ground and hold the confidence, not only of the public, but also

of those of the old school, who, at present, are whirling in a pool, hither and thither, with no positive or promising prospect of gaining ground either by serum therapy, "expectant treatment," or a thousand and one new schemes and fads of laboratory research. Thus, my remarks and conclusions—few, because limited by allotted space—aim at a continually closer study of diseases in their more minute aspects, in order that still more definite results may be obtained.

To discover "THE TRUTH" many writers upon medical subjects profess as their aim; but that this is *prima facie* an impossibility will be conceded by all who think, and so needs no refutation. In our march onward toward the revealing of some few truths we perceive that what are called such are but interpretations of truth, and as such laid down in systems of philosophy, science, and religion; in the end we are confronted by a vast impenetrable reality which cannot be known save by manifestation. Here, at this point, the physician must stop and study the manifestation by the known laws of physics, dynamics, chemistry, physiology, or pathology, and thus evolve his consummation of them all—THERAPEUTICS.

New York City.

The Doctor's Business, With Demonstration of the Migrif.

BY ROBERT LINCOLN WATKINS, M.D.

Presented at the Annual Meeting of the Eclectic Medical Society of the State of New York.

I have often been asked to speak on the doctor's business; and while a professional subject like this, would usually be taken up point by point, I think a general merging with other matter will cover the ground, and perhaps make it more interesting.

In these days of progress, by apparent upheavals, there is a growing tendency toward specialization, in the medical profession, as well as in the trades and other sciences.

As time rolls on this idea in medicine will continue, especially as it is aided by the continual increase of dispensaries, hospitals and public sanitary institutions.

This evolutionary process, if such you wish to consider it, is being hastened by the ever-increasing wealth of the country, for the present tendency is toward government control of the doctors' business as it is of the commercial interests.

When that time comes physicians will be paid salaries, instead of relying on the ebb and flow of the general or a special practice. All the new ists, isms, cults and paths will be taught in the colleges and therefore under one head and up to date.

It may then be said that we are a little Venice or rather a big one; and it may be that we shall be controlled by a ten or a three, as she was before Napoleon dismembered her. But what of it? as long as every-

thing is just and for the interest of the people. Just combinations make things cheaper and better, and in specialization, which is a factor of combinations, more time can be given to detail.

In the days of this future Venice, therefore, when an idea arises **that** wears the look of truth, the Government will have the means to give it prompt and thorough investigation, thereby furthering the demands and needs of the people. We will then realize that medical laws are of the people, by the people and for the people.

When that time comes we will be ready for whatever progressive upheaval may arise.

The present X-ray machine is expensive, but it has changed, simplified and made more exact the surgeons' examination and a new instrument has been added to his outfit. By means of it, the surgeon can easily locate a bullet or any other metallic or a solid substance in a very few seconds. And yet the X-rays were discovered accidentally in a trice by a German in the service of his government.

Who would have thought that China would have awakened from her slumber, and in two months formed a republic?

Medical advancement is sometimes sudden and sometimes slow.

To-day, in the investigation of medicine, almost all of the other sciences are employed. There is much skepticism as to the value of the use of drugs, even in the medical profession, but they have their place. Medicines always have had and always will have their effect and value in spite of the vegetarians, exclusive dietists and serum, therapeutists—aloes moves the bowels, strychnine is a poison and ipecac is an emetic.

Some drugs ease pain, while others sooth the nerves—and did it ever occur to you that these drugs are made from the vegetables we eat?—concentrated extracts. If one took the food containing these drugs in sufficient quantities to obtain the effect desired, there would be produced an overwhelming auto-intoxication of the system. The nerve energy could not overcome this any more than the electric power of the trolley car, when off the track, could overcome the extra friction required to run it on the ground.

On the other hand, there are principals of the day that the average physician does not consider. He has not the time. Yet there are truths abroad that must prevail. Many of these have not been taught in the colleges and are not yet recognized, but the sick man wants to be cured, and, if he cannot find a cure in one place, he will go to another where he thinks he can.

Some years ago I visited a vegetarian restaurant with a friend and way over in one corner I saw an old college mate. He did not see me and he does not know to this day that I saw him. But there he was apparently weak and discouraged, thin as a rail, a physician of the old school living on a vegetable diet to save his life. What did he

care what anybody thought or what he did so long as he got well. He had undoubtedly tried everything he had been taught, and this was a final resource. There is good in all things in diet as well as in drugs. At any rate we physicians must be more liberal, more broad minded, and, in being so more peaceable among ourselves about it as well as with others who differ. When people are ill they should be spared discord, their minds should be at peace, the nerve energy of anyone who is sick and suffering, is so occupied with the repair of the diseased part that he or she is weak. The condition is comparable, in electric parlance, to what is called a shunt circuit. A shunt is a kind of switch or branch containing a mechanism requiring a small part of the main current. In the human system, the liver, the kidney, the stomach are mechanisms on shunt circuits which are fed from the nerves of the spinal cord. The spinal cord is of course the main circuit. But if the main circuit is out of order the shunt may take all the current; therefore to carry out the simile, in a sick person the part that is out of order uses so much force that the main work of stability and harmonious working of the system is interfered with. The sick person becomes weak, unable to stand and finally goes to bed. The individual like the electric machine can not recuperate himself, but must rely on outside help of some kind. This outside help may be drugs or diet, electro-therapeutics, mechanical or psychological means to redistribute the energy. Some kind of a peace restorer must be resorted to, and a doctor's business first and last is to restore peace to the system. In a healthy person his business is to retain peace; this is commonly called sanitation, and it is much easier to maintain peace than to restore it when it has been destroyed, when one is down and out, as the saying does. When this condition exists, when the patient is at low ebb, the physician must use therapeutic means of both an external and an internal nature.

There are truths that are exploited now, that were known centuries ago in races that were in a very crude state of development. I wonder if it ever occurred to you that the American Indian was the first peace commissioner of this country. He not only made use of drugs, but he also employed psychological means to restore health or peace to the patient. Longfellow refers to this in his poem of Hiawatha. When Hiawatha fell ill, the medicine man ordered a magic drink for his young Chief:

Made of Nahma-wuck the spearmint
And wabano-wusk the yarrow,
Roots of power and herbs of healing;
Beat their drums and shook their rattles;
Mystic songs like these they chanted;
I, myself, myself behold me,
'Tis the great gray eagle talking.

Then they shook their medicine pouches
O'er the head of Hiawatha ;
Danced their medicine dance around him ;
And upstarting wild and haggard,
Like a man from dreams awakened,
He was healed of all his madness
As the clouds are swept from heaven.

Straightway from his heart departed,
All his sorrow and affliction.

The business of the doctor therefore is to produce peace in the human system. It is the business of the citizen to maintain peace in all civic affairs. Individuals make up the family and families make up the nation, so that the doctor should be regarded as an important member of the peace association.

The Chinese employ a doctor on a principle that is the reverse of ours; he is paid unless the man employing him becomes ill, and then he receives nothing. He is paid for maintaining peace.

In public offices this country is beginning to employ physicians on the Chinese principle; for it is the sanitary engineers, the peace producing doctors, that are now being paid life salaries. This idea should be promulgated until there is not an unhealthy person in the United States. An investment in health pays the best interest and is man's chief asset. It is worth millions to some men, and it means happiness to all of us.

In order to produce peace in a sick person, it is necessary to diagnose the disease and its cause, for it does not always appear on the surface. For this purpose there is a new instrument which I will show you, but, before doing so, I wish to remind you that there is in the human system a river, a red river, if you please, that permeates every nook and corner of the body. In its microscopical depths are observed the signs of health and the products of disease. Its ripple is audible by placing the ear to the chest and its murmur is covered up by its roar which can be heard when the stethoscope is applied to the jugular vein in the neck.

The blood is an organ like the liver or the lungs; but it is a flowing one, a liquid organ in whose depths there are particles or corpuscles which give it color. As the rivers or the moisture of the earth go to all its parts, so this red river of blood goes to all parts of the body. There has long been a saying, "Its in the blood," and, like many sayings that have become a by-word, it has a foundation on a genuine truth.

The modern physician in making a diagnosis examines the blood, for, as the blood penetrates all parts of the body, it is only logical

that it should be examined to find both the healthy and the diseased conditions.

Let me say here that I consider everyone, even those in apparently perfect health, should have his blood examined at stated intervals. The first sign of trouble is found in the blood, and such sickness could be avoided if the trouble were eradicated before it is given a chance to develop.

In the past, the examination of blood was a lengthy and a difficult process, but by means of the "Migraf" this difficulty has reduced itself to comparative simplicity. The physician can discern in the blood the elements which are not harmonious and those which are productive of peace to the human system; the former he removes, and the latter he allows to remain.

The Migraf is a combination of the microscope, camera, a rheostat and an observatory. But instead of being an observatory for the astronomer, it is a micro-observatory for the physician, and it is one in which are seen the invisible particles of life. By its use the physician becomes a fisherman, not like Peter of old, but a fisher for microbes and other products.

The Migraf was primarily devised for the physician, but its size ($4\frac{1}{2} \times 5\frac{1}{2} \times 15$ inches; weight, 10 lbs.) makes it not only of service to him, but it is also useful as a portable record preserver to the chemist, the brewer, the architect, the merchant, the metallurgist and the steel manufacturer. This newest of apparatti was not devised in a night, but after years of careful thought and labor for the purpose of examining blood and diseased specimens, the better thereby to know the cause of disease and record the progress toward recovery by means of photographic records.

DESCRIPTION OF MIGRAF.

The Migraf consists of a microscope, an arc lamp of 1,000 c. p. with its rheostat, an incandescent lamp of 6 c. p. to be used as a finder or to view the object in the ordinary way by artificial light, camera and box combined with observatory attachment.

The microscope is one made of proper proportion especially for this purpose. The arc lamp is a hand-fed miniature one, working on either the direct or alternating current. This latter is allowed by the rheostat, which consists of mica leaves wound with resistance wire. This makes it very light, weighing only a few ounces, and it is easily packed away in the case. It has five leaves and each one represents 200 c. p. These leaves can be used separate or all together. The incandescent lamp acts as a pilot light, as well as a finder, showing when it lights that all is well. On top of the camera or box is a patented mirror arrangement for viewing the object without looking through the microscope—the observatory.

The film pack is placed in the observatory, the exposure made

and the recorded photograph developed and filed away for reference. Twelve pictures can be taken with one pack either in the laboratory or at the bedside, as the physician or chemist may desire. He can also view the object without taking a photo as he would through the ordinary microscope, only with this advantage—the observatory idea does not tire his eyes.

New York City.

Items from the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

Hemiplegia with lesion on the same side as the paralysis is in violation of accepted principles, and yet, as is well known, such cases have been reported quite frequently. Two such cases have been reported some time ago by Bidon in the *Marseille Medical*.

In considering the causation of melancholia, and if we leave out hereditary predisposition and previous attacks, the cause of melancholia will be found in a marked preponderance of cases to be of a physical nature. In over 400 of 730 cases examined, there was found some such cause at work in originating the mental depression. Intemperance in drink was assigned as a cause in 84 cases, pregnancy in 7, parturition and puerperal state in 20, lactation in 23, privation and starvation in 28, in 250 cases the mental depression originated with some moral cause.

In every study of morbid erotism, we must draw a line between love and lust, as between healthy erotism and perverted or debased sexual passion.

We must separate disease from depravity of mind, and this is often a difficult thing to do.

Epileptics are quite often seized with sudden attacks of sleep of variable duration, which look often in every way like attacks of narcolepsy, and the exact nature of which is evident upon the administration of bromides in some of these cases. An attack of sleep, coming on suddenly in apparent health, has very little in it to suggest hypnosis, and in the absence of information as to previous attacks is apt to be mistaken for various conditions. We may think of alcoholism, we may consider hysterical sleep (usually this comes on gradually and associated with other hysterical manifestations, and the attacks are longer in duration than narcolepsy).

Walton and Paul affirm that both the brain and the cord play an important part in the production of the deep reflexes. The higher arcs tend to produce a deliberate reflex, while the lower arcs a more violent reflex. In health the result is a moderate reflex, varying in

different cases. In organic disease, the partial withdrawal of the cerebral influence causes the spinal type of reflex, the exaggerated reflex. The spinal arc alone cannot produce and as soon as the cerebral influences are completely gone, the reflexes are abolished. A sudden destruction of the upper cord will abolish reflexes. The control of the superficial reflexes varies from that of the deep reflexes. The disappearance of the superficial reflexes after the cerebral lesion indicates cerebral control.

In the *Edinburgh Medic Journal*, Williamson reports two cases of amyotrophic lateral sclerosis, one of them showing marked bulbar symptoms, and contrasts them with two cases of progressive muscular atrophy. As points of differential diagnosis he shows the following:

1. In favor of amyotrophic lateral sclerosis would be a spastic condition of the legs, spastic gait, scraping of the toes in walking, rigidity of the legs on passive movements, increased knee jerks, ankle clonus, Babinski's reflex.

2. Symptoms of bulbar paralysis would be in favor of amyotrophic lateral sclerosis.

3. Amyotrophic lateral sclerosis has a more rapid course; in the muscular atrophy it is chronic.

4. The increase of the wrist jerks is in favor of amyotrophic lateral sclerosis, loss of this reflex in favor of progressive muscular atrophy.

5. Paresis or paralysis of muscles favor amyotrophic lateral sclerosis, with it occur muscles not yet definitely atrophied.

Senile dementia rarely appears before the 60th year, but it may occur earlier in those who have worked hard or who have been given to excesses in different ways. Traumatism, mental shock and some infectious diseases may be considered as some of the exciting causes. Some cerebral softening, degeneration of the blood vessels, some atrophy of the convolutions, thickening edema of the pia is found in a great many cases.

Some cases of paresis have been ascribed to traumatic causes, to injuries to the head, which is possible, but in all of them alcoholism played a prominent part and should be considered in conjunction with the trauma, which, we will agree, may predispose to such an attack of paresis.

In examining a supposedly insane person, first carefully investigate his physical health, note the circulation, look for choreiform movements, for tremors, irregularities of the pupils, character of speech, reflexes, temperature, ataxia, motor paralysis, examine kidney and heart. Examine his memory as to past and present events, see if there

is any mental confusion, find hallucinations, delusions, if any, as well as depression or exaltation. This sounds easy to you? Well, just try it and see how you will like it!

Large doses of bromides produce a slowness of all mental processes. If very excessive, stupor may be caused. Some maniacal conditions have been observed, as well as intense melancholia, after the use of bromides in large doses. The pulse is weak in those cases, tongue coated, breath foul. Do not soak your patients with bromides!
910 St. Johns Place, Brooklyn.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

Arthritis.

Under the above caption Dr. B. R. Hubbard, of Los Angeles, Cal., contributes to the pages of the *California Eclectic Medical Journal* an article of more than ordinary merit. After remarking that this morbid state may be the result of one or more causes: namely, rheumatism, gout, specific disease, gonorrhea, tubercular affections, traumatism and typhoid affections, the doctor gives a very lucid description of the different forms of arthritis resulting from the above mentioned causes. It is to be regretted that space will not permit the reproduction of the entire article.

That Dr. Hubbard is a firm believer in specific medication is made abundantly evident by the portion of his treatment which follows:

"Topical application to the joint of cooling lotions during the inflammatory stage and stimulating liniments in chronic cases with massage and gentle friction will prove of decided benefit. As a cooling lotion the following mixture will meet the requirements in most cases:

℞ Muriate of Ammonia, ℥ij.
Tinct. Conium Mac., ℥ j.
Aqua Dest., ℥ xvj.

M. Sig.—Sop on the affected joint every half to one hour during the acute inflammatory stage. Benefit is obtained by evaporation.

A stimulating lotion useful in tender, subacute and chronic cases is prepared as follows:

℞ Spirits of Turpentine, ℥ ij.
Camphorated Oil, fl, ℥ iv.

M. Sig.—Bathe the joints with brisk friction every three or four hours.

Much benefit is derived in these cases by wrapping the joints in several layers of flannel and subjecting the affected parts to dry heat in an oven, properly constructed for this purpose. Great heat can be endured by this method of application but it is of doubtful utility in the acute stage of the attack. The heat may be carried to a point of 250 degrees to 300 degrees F., by properly protecting the joint with cloths to prevent irritation.

The medicinal treatment will have to be varied to suit the individual case applying for relief. During the acute stage if the tongue shows deep redness with a high range of temperature an occasional dose of dilute hydrochloric acid well diluted with water will prove of benefit taken in connection with the following mixture:

R. Spec. Tr. Veratrum Vir., gtt. xv.

Spec. Tr. Bryonia, gtt. x.

Aqua menthae piperita, fl. ʒ iv.

M. Sig.—A teaspoonful every hour. In the subacute and chronic stage of the disease substitute colchicum for the bryonia. If the patient is restless and irritable, gelsemium in tangible doses will find a place taken singly or in connection with macrotys if there be present marked muscular soreness and frontal headache. If the tongue shows a pallid dirty coating an alkaline agent is indicated the most potent of which is sulphite of sodium and the effervescent Alkalithia, which will prove of great benefit especially should the fluids of the system show decidedly acid and the urinary secretion prove scanty. Apocynum should not be overlooked in cases showing edema about the tissues of the joint.

A Brief Re-Study of Wooster Beach's Remedies.

No. IV. AMYGDALUS PERSICA.

The common peach tree affords a medicament of considerable usefulness. It is not, however, employed as frequently as it might be with advantage. Amygdalus exerts a decided influence upon the nervous system, and also upon the circulation. Its tonic, sedative and antispasmodic properties have often been found superior to those of more popular drugs.

I have employed the specific preparation of the peach tree many years, and in my practice it has proved useful. In abnormal conditions characterized by irritability of the stomach, especially when there was nausea and vomiting, it has sometimes acted curatively after other favorite remedies had failed to produce the necessary results. A case of this character recently came under my care. An old lady, suffering from hemiplegia, and who was in an extremely nervous state, was

suddenly attacked by a severe irritation of the stomach. She could not retain food of any kind, and even a small quantity of water would cause severe pain and an urgent desire to vomit. The various methods and remedies prescribed failed to secure the slightest relief. The patient's objection to opening her mouth caused delay in observing that her tongue was elongated and its tip and edges very red. These being plain indications for amygdalus, five drops of the specific medicine were added to four ounces of water, and the patient given a teaspoonful of the dilution every half hour. The first dose was not retained, but all additional doses were, and in five hours the woman was able to take carefully selected food. The acute tenderness over the stomach finally disappeared, and there was no more nausea or vomiting.

In gastritis, I have used amygdalus with gratifying results, and in diseases in which irritation of the throat and bronchial tubes is a prominent feature, especially when accompanied by an irritative cough, it is beneficially employed. In irritable states of the bladder it has also given me much satisfaction. As amygdalus contains considerable prussic acid, caution should be exercised when administering it to feeble children.

Dr. Beach made frequent use of the peach tree, and he was so highly pleased with its therapeutic action that he included it in several of his compounds. In "tickling coughs and hoarseness" the doctor deemed it an efficient remedy. He also found it useful "in kidney diseases when there is scalding urine."

Among the indications for the use of this agent, the following have been found especially valuable: Pointed and elongated tongue with reddened tip and edges; tenderness in the epigastrium; irritability of the stomach.

The dose of the Specific Amygdalus is from 1 to 10 drops, but the following constitutes a satisfactory manner of employing it: $\mathcal{R}$ Amygdalus, v to xx ; water, $\mathfrak{z}$ iv . Teaspoonful every half hour to every three hours.

Diarrhea of Children and Four of the Remedies Used in Its Treatment.

There is no difficulty in the diagnosis. * * * Simple diarrhea is of very frequent occurrence with children, and will arise from any cause deranging the process of digestion, or from cold. The disorder depends upon increased peristaltic action and secretion. In diarrhea from *irritation* the discharges from the bowels are dark-colored, usually a shade of green, or in some cases of a light pea green. They are sometimes acid, so that when they have continued for some time, they excoriate and chafe the child. Usually the child manifests some uneasiness before having a stool, and there is some straining with it. Oc-

casionally there is febrile reaction, the skin being harsh and the temperature elevated. In diarrhea from *atony* the discharges are light-colored and watery, and passed without pain or uneasiness. They are usually larger than in the other case, though the amount of solid matter is not increased. Here, if it persists for some time, the child seems relaxed, the skin soft and cool, extremities cold, face pallid and circulation enfeebled. In both cases the appetite is impaired if the diarrhea continues, and what food is taken is not well digested; consequently the patient loses strength and flesh as the disease progresses.—*Mundy's Diseases of Children*.

ACONITE AND IPECAC.

Aconite has a decided action on the excretory organs, and its control over the excessive action of the skin, bowels and kidneys makes it a remedy of great value in the summer complaint of children. Ipecac allays irritation of the stomach, gradually checks the frequency of the discharges from the bowels, and restores tone and functional activity. Aconite is frequently and successfully prescribed with it in this case.—*Fyfe's Specific Diagnosis and Medication*. Ipecac in small doses is a frequently indicated remedy in diarrhea. Aconite and ipecac are many times the only needed medication in ordinary summer complaint of children.—*Fyfe's Materia Medica*.

CUPRIC ARSENITE.

The specific indications for this agent are diarrhea, with frequent voluminous discharges. With these there is often violent vomiting of a large quantity of a watery substance, and sharp, cutting colicky pains; the stools are tinged with green, and, usually, of a stinking, nasty odor. * * * It is thus indicated in diarrhea of childhood.—*Ellingwood's Materia Medica*. In diarrhea this agent is of great value when the stools are streaked with blood, and there is tenesmus, with colicky pains.—*Fyfe's Materia Medica*. This agent has proved efficient in diarrhea, with frequent and copious watery evacuations, attended with sharp colicky pain, and the passage of imperfectly digested food. The stools are offensive and sometimes copious, and violent watery vomiting accompanies the diarrhea.—*Locke and Felter's Materia Medica*.

MATRICARIA.

Matricaria is indicated in diarrhea of children when the discharges are slimy and green.—*Fyfe's Materia Medica*. In summer diarrhea of irritation (not of atony) matricaria becomes an important remedy, especially in cases characterized by marked irritability and extremely fetid stools. The stools may be watery and green, or slimy; perhaps in yellow or white lumps, or they may be of undigested curds of milk, imbedded in green mucus.—*Fyfe's Specific Diagnosis and Medication*. The diarrhea and similar troubles of teething children are many times cured by matricaria.—*Locke and Felter's Materia*

Medica. Matricaria we have always esteemed highly in diarrhea of children, when the passages are green, attended with colicky pains, and the child is restless.—*Mundy's Diseases of children.*

In addition to the foregoing remedies, the following drugs, selected in accordance with their specific indications, have frequently been found useful in the treatment of the summer complaints of children: Bismuth (subnitrate or subgallate), epilobium, euphorbia hypericifolia, glycondra, podophylin (trituated with prepared chalk), bicarbonate of sodium, ferum phos., kali mur., kali phos., natrum mur., natrum phos., natrum sul., kali sulph, calcarea sulph., calcarea phos., magnesia phos. and silicea.

Oxydendron in Ascites.

I have used oxydendron with marked success in the treatment of all forms of ascites due to derangement of the portal circulation.

HUGH L. SANDERS, M.D.

Macrotys in Diseases of Women.

I use macrotys in painful menstruation and other uterine troubles. There is nothing as good as macrotys in these conditions.

G. B. M. ERWIN, M.D.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Washington, D. C., in June, 1912. A. F. Stephens, M. D., president; W. P. Best, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1913. G. J. Olsson, M. D., president; G. R. Thompson, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. H. Harris, M. D., president; M. B. MacDermott, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. John Birkenhauer, M. D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M. D., president; A. B. Wolf, M. D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M. D., secretary.

NEW JERSEY STATE ECLECTIC MEDICAL SOCIETY.

President, G. Curson Young, M. D., Washington, N. J.; Vice-President, C. M. Tobynne, M. D., Jersey City, N. J.; Treasurer,

M. A. Willis, M. D., Jersey City, N. J.; Office of Secretary, G. E. Potter, M. D., 100 Halsey Street, Newark, N. J.

To the Members of the Medical Profession.

Greeting:

Your attention is called to the fact that a Society of Eclectic Physicians exists in the State of New Jersey and the Thirty-Eighth Annual Meeting will be held at 605 Broad Street, Newark, N. J., on Thursday, May 23, 1912.

The meeting will be called to order eleven (11) o'clock A. M., when it will be much to the advantage of the Society and every individual member to be present.

Those of the profession who claim to be interested in advanced medical practice cannot afford to stand aloof from the Society.

Any member of the general medical profession will be welcome at this meeting. The organized medical societies are the bulwarks of the medical profession. Let us honor the self-sacrificing men who did so much for us in the past by organizing these bodies of good fellowship for the good of posterity.

Officers for the ensuing year will be elected; delegates appointed to the National Convention to be held in Washington, D. C., and some good essays will be read. Send the title of your paper to the Secretary and bring the paper with you.

Come!

Yours truly,

G. CURSON YOUNG, President,

G. E. POTTER, Secretary,

Washington, N. J.

100 Halsey Street, Newark, N. J.

Eclectic Medical Society of the City and County of New York.

April 18th, 1912.

The regular monthly meeting of this society was held in the College Auditorium, Thursday evening, April 12th, 1912, Dr. H. Harris presiding.

The minutes of the previous meeting were read and approved.

The essayist of the evening was Dr. Harris, who read a paper on the sphygmomanometer, its value as an agent of precision in diagnosis of blood pressure, and as an instrument to determine the action of drugs in cardio-vascular diseases. The paper in its complete form will later appear in the ECLECTIC REVIEW.

Amongst those who participated in the discussion of the essay were Drs. Lanzer, Adlerman, Thompson, Hyde, Hardy, Olsson and Mac Dermott, all of whom commended the instrument for its accuracy in its special field "blood pressure," after which a unanimous vote of thanks was tendered to Dr. Harris for his very excellent paper.

Dr. Thompson volunteered to read a paper at the May meeting. He also called the attention of the members to The National Eclectic Association's Meeting at Washington in June next, and urged the necessity of their going to that meeting.

There being no further business the Society adjourned.

M. B. MAC DERMOTT, Secretary.

Selections

A New and Promising Agent for the Treatment of Rheumatism.

An announcement that is certain to cause widespread interest among the profession is being made in a large number of American medical journals in behalf of rheumatism phylacogen. The new product is a bacterial derivative originated by Dr. A. F. Schafer, of California. The term "phylacogen" (derived from two Greek words—the equivalent of "a guard" and "to produce") means "phylaxin producer," phylaxin being a name that is applied to a defensive proteid found in animals that have acquired an artificial immunity to a given infectious disease.

Rheumatism phylacogen (Schafer) is a sterile aqueous solution prepared from a large variety of pathogenic bacteria, such as the several staphylococci, streptococcus pyogenes, bacillus pyocyaneus, diplococcus pneumoniae, bacillus typhosus, bacillus coli communis, streptococcus rheumaticus, streptococcus erysipielatis, etc. The basic phylacogen is a "polyvalent" preparation, since the organisms are obtained from cultures made at frequent intervals and from a variety of sources. To this basic material is added an equal amount of the filtrate obtained by similarly growing and treating the streptococcus rheumaticus of Poynton and Paine. The product is indicated in all cases of rheumatism, acute and chronic, not due to gonorrheal infection. It is marketed in sealed glass vials of 10 cc. capacity and may be administered subcutaneously or intravenously, the former method being preferred except in cases in which quick results are demanded.

Rheumatism phylacogen, which is the first of a series of phylacogens originated by Dr. Schafer and about to be offered to the medical profession, has been thoroughly tested clinically in many of the leading hospitals, as well as by competent specialists and other scientific men in various parts of the country, and is said to have shown brilliant results in a large percentage of cases. With the co-operation of Dr. Schafer, and in accordance with his methods, it is prepared by Parke, Davis & Co., in whom are vested the sole rights of manufacture and sale. Physicians who are interested in this new treatment for rheumatism, and every general practitioner ought to be, will do well to get

descriptive literature on the subject. It may be obtained by addressing the manufacturers at their principal laboratories in Detroit, Michigan. Ask for the "Rheumatism Phylacogen pamphlet" and mention this journal.

Items

New York Specific Medication Club at its April meeting had a fair attendance and discussed the treatment of pneumonia. Full account of the discussion will appear in a subsequent issue of the Review.

Dr. Theodore D. Adlerman has removed to 910 St. John's Place, Brooklyn.

Doctors Clifford A. Crispel and Edgar C. Prout, of the present class, have been appointed internes in the Flower Hospital.

Doctor Milton I. Strahl has been appointed interne in the Williamsburg Hospital.

Book reviews have been crowded from this issue.

Fine opening at Portageville, New York. Communicate at once with C. A. Doolittle, M. D.

J. Marion Sims many years ago said, "For severe Dysmenorrhea I have found Hayden's Viburnum Compound of great service."

What was true as to the therapeutic value of Hayden's Viburnum Compound in the time of Sims is just as much of a fact today. As a remedy in the treatment of Dysmenorrhea, Amenorrhea and other functional irregularities of the uterus and its appendages, H.V.C. is dependable in action, and as it is of known composition and contains no narcotics it is safe to prescribe.

As a uterine tonic and antispasmodic it is of particular service, and to any physician who desires to clinically demonstrate its therapeutic action samples and literature will be forwarded upon request to New York Pharmaceutical Co., Bedford Springs, Bedford, Mass.

"Diamond George" entertained "the boys" very pleasantly on the evening of May 7th at his home.

Dr. James Bernstein has removed to 4305 13th Ave., Borough Park, Brooklyn.

The Georgia College of Eclectic Medicine and Surgery held its commencement exercises at Atlanta, Georgia, Wednesday, April 10th, graduating a class of thirty-nine.

Dr. P. Caintz announces the opening of his Medico-Physio-pathic Institute and Sanitarium at No. 2011 Madison Ave.

The Therapeutics of Rachitis.

Among remedial agents promising benefit in rachitis, cod liver oil, as exhibited in Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is worthy of prominent mention. It not only has abundant value as a tissue nutrient, but its contained phosphorus makes it particularly potent in this condition. There is an urgent indication for this latter agent, which is admirably met by the administration of Cordial of the Extract of Cod Liver Oil Compound (Hagee).

The Eclectic Medical College of Cincinnati held its commencement exercises on May 7th, at the Odd Fellows' Building, Cincinnati, Ohio. There were nineteen in the graduating class.

Riverlawn Sanitarium, Paterson, New Jersey, is a most excellent place to send your mental and nervous cases. The New York office is at 170 West 78th Street.

Connecticut Eclectic Medical Association.

The annual meeting of the Connecticut Eclectic Medical Association will be held at Hartford, Conn., on the second Tuesday of May at the Allyn House. A good program is being arranged and it is hoped that a large attendance of the members of the society will be present.

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DISEASES OF CHILDREN.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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No. 6.

The Alumni Meeting.

The Alumni Meeting which was held at the College on May 15th will long be remembered for the interest, anxiety and enthusiasm of those present.

The announcement in the notice of the meeting of the ruling of the Regents, necessitating additional paid instructors and equipment, brought out a very large attendance from all parts of the State and neighboring States. Doctor Boskowitz, President of the College, and for many years its Dean, explained the situation clearly, and proposed that a fund of \$10,000 should be raised annually by 100 members subscribing \$100 a year in monthly, quarterly, semi-annual or annual payments, for alteration in building, equipment and salaries. The plan met with enthusiastic approval, and a finance committee, consisting of Drs. Sillo, Kunitzer, Adlerman, Heeve and Brandenburg, was appointed. The list of subscribers to the April meeting reported in last Review, together with the new subscribers obtained at this meeting, almost complete the necessary number; and I feel that before the next issue of the Review we will be able to announce its completion.

"It is a small College, yet there are those who love it."

Hints and Winnowings.

The importance of an early positive diagnosis of peritonitis, especially in typhoid fever, is recognized as unquestionable, for it often means the difference between life and death. In a paper on this subject, contributed to the pages of the *Annals of Surgery*, Dr. Forbes Hawkes well points out valuable facts in regard to peritonitis and the means of arriving at a diagnosis free from doubt. The substance of a part of the doctor's paper is as follows:

The earliest stages of peritonitis in typhoid fever are recognizable in almost all cases by muscular rigidity, tenderness and pain, sometimes by muscular rigidity and tenderness alone. The physician's aim, therefore, should be to detect this first appearance of muscular abdominal rigidity, and thereby to establish a diagnosis of beginning peritonitis.

The proper recognition of abdominal rigidity in its earliest stage may well mean life to the patient. It is true that two ob-

servers may differ as to the presence of muscular rigidity in a given case; this has been seen by the writer on several occasions. This is due either to a poor tactile power on the part of one of the examiners, or to a faulty method of examination, or to the improper posture of the patient during the examination, or to all three of these.

When speaking here of the lighter shades of muscular rigidity reference is made to the early appearance of this tonic-reflex-muscle-contraction, not to that intense degree of general muscular abdominal rigidity which follows it and which is found in late stages of a general diffused septic peritonitis from whatever cause—in the so-called “board-like abdomen.” There the rigidity present is grossly evident to any examiner the minute he puts his hand on the abdomen. It is the light shades of abdominal rigidity—those that appear at the inception of the peritoneal process—that we should be able to detect, and in order that their presence may not be overlooked the following precautions and methods should be remembered and observed:

The patient should be lying out horizontally, with both knees drawn up. The position should be a comfortable one. The mouth should be slightly open, and the patient is told to breathe quietly. The arms should be at the side and extended; the head should be kept directly in the middle line and in a comfortable angle of flexion. The room in which the patient is examined should be warm, for a cool room may cause slight tremors in the abdominal muscles, which will prevent a satisfactory examination. The bladder should be empty.

The examiner, whose hands have been warmed if necessary, stands on one side of the patient and first very quietly and very gently palpates with the flat of the hand those portions of the abdomen in which the patient does not complain of pain, tenderness, or discomfort, then gradually passes over to the affected parts. This gentle preliminary procedure affords to the examiner a rough idea of the general conditions of the abdominal contents as to tumors, swellings, amount of adipose, points of tenderness, etc., and serves to allay a possible apprehension on the part of the patient. The next step is to determine the presence of rigidity in any of the abdominal muscles. This, in the writer's opinion, is best done with the most sensitive organs at our disposal—the finger-tips of the right hand. If the examiner is left handed, those of the left hand should of course be used. The wrist and the finger-joints are all kept slightly flexed, and a succession of short but very delicate “pushes” is made with them over the muscle that is being tested. It requires hundreds of examinations, as a rule, for the beginner to acquire the ability to detect slight differences in the amount of rigidity present in different muscles or in the various portions of the same muscle; but the ac-

quisition of this power is well worth infinite pains and patience on his part. The two sets of muscles which should be tested with special care for rigidity in typhoid patients are the recti and the lateral abdominal muscles. Owing to the usual preponderance of the dangerous ulcers in those coils of small intestine that are commonly found in the right iliac fossa and right paraumbilical regions, the right rectus and right lateral muscles should receive first attention. Taking into account the normal differences in muscle tone between the three segments of the rectus muscle, a preponderance of rigidity in any one of the three sections of the right rectus over that found in the corresponding section of the left is first to be noted. Then a rigidity of the right lateral muscle layer is sought for as compared with the same layer on the left side.

Abdominal tenderness is usually present at an early period, and is localized to the area where the rigidity is found; it may not be marked at first in the cases where a fluid exudate separates the peritoneal surfaces in the vicinity of the progressing ulcer, but even here its appearance is seldom delayed. We cannot, of course, expect to elicit this sign very clearly in the toxæmic and comatose cases. In testing for the presence of tenderness, light pressure only should be used, otherwise adhesions may be broken up and pus and fecal material forced through the base of the ulcer.

As a rule pain does not precede but *follows a peritonitis*. Cases operated on shortly after the appearance of pain often reveal an acute peritonitis that has undoubtedly been under way for some time before the pain began; this fact has unquestionably been the cause of delay in diagnosing a beginning peritonitis. Writers on the subject of so-called "perforation" mention pain as the prominent symptom, and most of them seem to think that a preperforative stage cannot be diagnosed because there may be no pain at such a time. It is the writer's opinion that a recognizable amount of muscular rigidity and tenderness is often present at an earlier period than pain in ulcer peritonitis, and it is this very period of earliest peritonitis that must be recognized, if the post-operative mortality records in this condition are to be improved.

Dulness in the right flank, which shifts on turning the patient on the left side, may be an early sign of such a peritonitis; the fluid being formed first in the right iliac fossa region, then gravitating towards the pelvis, and later spreading to the abdomen generally. This shifting dulness is a very valuable sign if present at an early period. A *rising blood-pressure* and a *rising leucocytosis* may be of help in a doubtful case. Both may be absent, however, in the early stage of a peritonitis.

The editor of *The Western Druggist* is still on the trail of those terribly troublesome fellows known as "dispensing physicians."

This time he feels it his duty to warn the "dear people" against "the dangerous nature of the physician's stock of drugs," and illustrates his disinterested (?) remarks as follows:

"To illustrate the dangerous nature of the preparations, particularly tablets, carried on the shelves of the dispensing physician, we might mention the fact that, only a short time ago, the wife of a Chicago physician was fatally poisoned by taking from her husband's medicine case a tablet which she supposed was for headache, but which was, in reality, a one-grain tablet of strychnine. The absurdity of keeping tablets of any substance for internal medication, and more particularly of such a powerful drug as strychnine, of a size larger than a single dose, is apparent to any pharmacist, but the dispensing physician could not see the danger, and the result was a personal calamity to him. In one case an English doctor made the astounding discovery that the bottle labeled calomel contained, not calomel, but *arsenic*. To the mind of every one reading of this circumstance will come at once the horrible thought, for how many of the patients of that physician did he prescribe calomel, and fill the prescription himself? And how many of these patients are laid away in the churchyard, their death certificates reading 'gastritis' or 'bilious cholera?'"

In quoting the foregoing highly edifying paragraph the editor of the *Medical World* comes back at the vilifying druggist-editor in part as follows:

"We do not believe the story of the accidental poisoning of the Chicago physician's wife. Whoever heard of a one-grain tablet of strychnine? Why should such tablets be made? Tablets are made for the convenient division of drugs into safe and proper doses. The story is absurd on its face. We suspect that the story of the English doctor and the arsenic was also manufactured for the editorial quoted.

"The editor of *The Western Druggist* might as well try to stop the wind blowing in Chicago (no insinuations) as to try to stop physicians from dispensing, but for entirely different reasons than his. The majority of physicians are obliged, through force of circumstances, to dispense, while the rest are afraid to trust their prescriptions to every druggist.

"If *The Western Druggist* will weed out the incompetent druggists (there are thousands of them), put a stop to substitution (an extremely dangerous but constantly growing practice), get druggists to stop refilling prescriptions (a pernicious habit), in fact get druggists to fill a prescription, once only, with pure drugs which are called for in the prescription and nothing else, then they may have some basis for an argument for prescriptions instead of dispensing, but then only in localities that are convenient to a drug store."

Whether man's mentality is to be measured by the size of his brain, or by its texture, or by some other quality, such as functional activity, is a question on which physiologists, and other scientists, have never wholly agreed. The generally accepted opinion of the majority of such authorities, however, is that a high order of intelligence and mental power by no means imply the existence of a large brain, any more than low mentality denotes a small one. This view is well supported by a recent case in Philadelphia. An eminent man of unusual attainments of that city, who died a short time ago, bequeathed his brain to an educational institution for study and comparison. The brain was found to be exceedingly small—smaller, in fact than that of a well-developed child. Yet the man was recognized by his contemporaries as one of the most brilliant members of his profession. This great man's brain was nearly twenty-four ounces less in weight than that of a well-known man of low mentality.

A man who calls himself an Eclectic, in writing to an Eclectic journal, after saying that to be a physician means more to him than to most doctors, and making a few other equally modest remarks, goes at the leading feature of the Eclectic school—the feature that distinguishes it from all other schools of medicine—thusly: “They [the Eclectics] were side-tracked by that incubus, the thing they call Specific Medication, * * * the dogma of one man, the author of Specific Medication.” A man who will belittle himself sufficiently to make it possible for him to write such trash as the foregoing may obtain a little cheap notoriety, but he will not be very likely to receive the respect of the men who, in less than half a century, have elevated the Eclectic school of medicine to its present honored position in the medical world. Rip Van Winkle did not fully appreciate the progress made during his delightful sleep.

In many diseases, especially in pneumonia, alcoholic stimulants have been and still are deemed of value, but I never could see that young or middle-aged patients derived any benefit from their use. Indeed, they seem to get along better without such stimulants. It is possible that some old persons may be helped over critical points by minute doses of brandy. In such cases one teaspoonful of brandy may be added to nine teaspoonsful of water, and a teaspoonful of the mixture administered every five minutes to every half hour. One year I treated thirty-three cases of pneumonia. They all recovered, except one, and the fatal one was the only case in which alcoholic stimulants were employed. The patient was a young Catholic woman, and her priest so persistently urged it that I finally consented to his giving her whiskey. Since that time I never have permitted any form of alcohol in my cases of pneumonia.

FYFE.

Original Articles

Commencement and Faculty Report.

The Eclectic Medical College of the City of New York closed the year 1911-12 in a blaze of glory at the Hotel Astor, on Wednesday evening, May 15th.

It was shortly before nine o'clock when the faculty entered the large ball room, which was crowded with friends of the graduates, matriculants and other friends of the college, and became seated on the platform. Shortly after the young graduates filed in, and took their seats in the front row of the auditorium, accompanied by the strains of the orchestra and the applause of the audience.

Then the Reverend F. Burr Crispell pronounced the invocation after another selection by the orchestra. Professor Herzog rendered the report of the Faculty, after which the Honorable John Sherwin Crosby delivered the address in a brilliant and masterly manner.

The climax came, however, with the work of Dean S. A. Hardy, conferring the degrees. Eleven were the recipients of this year's honors.

Graduates: Bernard Cohen, Clifford Alexander Crispell, Francesco Facciolo, Grover Cleveland Glenn, B. S., Isidore Martin Horn, Abraham Morris Liebshtein, Arcangelo Liva, Samuel Messinger, Henry Steinberg, D. D. S., Milton Irving Strahl, Edgar Bacon Prout.

After the conferring of degrees, Dr. Clifford A. Crispell gave the Valedictory, and after the Reverend Crispell had pronounced the Benediction, the friends of the graduates crowded around the young M. D.'s to offer them their congratulations.

The scene then shifted to the banquet ball, where the dinner of the graduating class was held.

After discussing the menu the speech-making commenced.

The class president, Dr. Milton L. Strahl, in very apt speeches, introduced the other speakers, and all of them combined to make the evening an enjoyable and never to be forgotten one, to those who attended.

Dr. Sibley, in his inimitable manner, spoke of this, that and some other things.

Dr. H. Steinberg was the class orator and Dr. Edgar B. Prout the class historian. Dr. Bernard Cohen was the class prophet and Dr. Samuel Messinger the class poet.

Too much credit cannot be given to the Committee of Arrangements, which consisted of Drs. Strahl, Steinberg and Horn, and who managed the affair with such skill that the assembly did not dissolve until Luna had said good bye and old Sol was peeping through the clouds.

Report of the Faculty.

BY PROFESSOR A. W. HERZOG, A.M., M.D.

Friends, old and new, welcome:

You are assembled here to witness and participate in our fifty-first commencement, which means that the Faculty of the Eclectic Medical College has in the years past successively and successfully launched unto the sea called "disease," fifty eclectic dreadnaughts, manned by 945 brave and true eclectic mariners, and that at this, its fifty-first commencement, we, the Faculty, the eclectic shipbuilders, are ready to launch our fifty-first eclectic battleship, manned by a crew of eleven.

I speak of our graduating classes as ships launched on the sea of disease: Dreadnaughts and battleships, but of a different kind than those usually launched under that title. For our dreadnaughts and battleships do not fight mankind, but death and disease, and the mariners which man our ships are a life-saving crew and not life destroyers. The eclectic ships sail the seas, flying the eclectic banner for no other purpose or purposes but to prolong life, ease pain and cure disease.

The eclectic physician has no creed or dogma which prevents him at any moment from adding to his medical or surgical armamentarium anything which might be helpful for the purpose of fighting death or disease.

He who gives himself into the hands of an eclectic physician knows that the latter will do everything in his power to cure him, and so he entrusts himself and his family gladly into the hands of the Eclectic Life Saving Crew, whenever in his travels through life he or his have been forced unto the sea of disease, and he knows that every one of the eclectic mariners will do his very, very best to bring him back to the shores of health on the staunch ship eclecticism.

I might have called our eclectic ships passenger boats, but not so; for one may travel on a passenger boat for recreation; but our eclectic ships are not here for that purpose. Nothing to attract the fads and fancies. None would travel as passengers with our fleet, but they were in danger. But then our boats and our crews are things to tie to. I would I could say that our ships which bring you safe to shore are imperishable. They are safe, that is true, and as long as a single one of its original crew mans the ship, this ship is sufficient to help and save life. But when the last of its crew is dead, then that ship dies also, disappears, is gone.

Thus the class of 1912, which we graduate to-day, and which with its crew of eleven will man our 51st health cruiser, will, I trust, man our good ship 1912 successfully, until more than fifty years from to-day have passed. But then, with the death or retirement from active practice of the last graduate of this class, the ship will disappear and

live only in memory. So you see, it is necessary that new ships be launched year after year, to replace those which have gone. This is accomplished by the Trustees of the College and the Faculty in our shipyard and training ship, The Eclectic Medical College in the City of New York. But all this cannot be accomplished without a great deal of constant endeavor and exertion.

At present the eclectic ship builders, the Faculty, number over forty professors and instructors, some of which devote their entire time to the instruction of our students. Our training ship this year mustered 83 matriculants. Of these, 16 were women. This latter, however, deserves only a passing mention from us, for what would be an innovation with some of the other medical colleges, with us is a long established institution, for we were one of the first medical colleges who admitted women not only among our students and graduates, but to our Faculty, and the Faculty of the Eclectic Medical College is justly proud today, not only of its female matriculants and graduates, but of its quatum of representation by the fair sex on the Faculty.

Our ships always have been sufficient and efficient. We have sailed the seas of disease in our staunchly built, solid life-saving boats, and for years have picked up and saved many a drowning passenger, who had entrusted his life to one of the *Gigantic* and *Titanic* passenger ships, which sail the sea of disease, launched by the shipbuilding trust, and which have been built with millions and are advertised by millions.

Many a suffering passenger have we picked up, out of the sea of disease, who had been thrown overboard by them as dying or incurable. But greater demands are made day after day on our college.

For years many of the teachers of the college have given their time without pay to the service of the institution. This was necessary and is necessary to-day, as the Eclectic Medical College never was and never wants to be a money-making institution. The money paid by the students for tuition has always been insufficient to pay the running expenses of the college.

Improvements have been made year after year. New books, new instruments, new equipment has been added time after time. Yet new laws are being passed every once in a while, which makes it harder and harder for a small institution like ours to exist, because the new laws make money one of the essentials of our existence.

Not satisfied with prescribing how many men should instruct the students of medical colleges, not satisfied to state what the students of medical colleges should know to be admitted to practice, new laws prescribe nowadays that a certain number of teachers in every medical college must devote their whole time to teaching in that institution and be paid for all that time.

Thus, no matter how many men would be willing to give part or

even their whole time to the College for nothing, the law says no: So many men must be paid. The law does not tell us how we are to get the money, but I infer from the way other colleges have received money in the past, that the same way is open to us.

DONATIONS.

This then, friends, is the task which we would gladly delegate to you. The Faculty of the Eclectic Medical College will do its very best in the future, as in the past.

The friends of the college, whether they be recruited from the students, the alumni, or the public at large, must see that a sufficient number of students are sent to our institution and that we receive sufficient donations to keep up our institution to that standard of excellence which it has enjoyed in the past, but which at the present time needs more money for the purpose. These donations need not necessarily be large ones. While we would gladly welcome a Carnegie or a Rockefeller with millions, any donation, however small, given with the good will and good wishes of the donor, will, I am sure, be thankfully received.

A word to our new graduates may be permitted: You, who to-day are launched as the crew of our life-saving ship, 1912, be staunch and true to your flag. Nail this flag, the flag of eclecticism, to your mast. Remember the college who gave you your knowledge, and those who taught you. We have taught you with love for the cause of eclecticism. And the Trustees of the College give you the diploma to-day because we of the Faculty have told them that we believe that you will be an honor to the cause. We know that you are well founded in medicine. Build well on that foundation. Make us as proud of you, as we hope you will be of your College. Let every one of you preserve not only the college spirit, but the class spirit. Vie with graduates of other colleges not only to have your College looked up to as one of the best, but vie with every past and every future class to have your class, the class of 1912, not only up to date every day and every year as long as a single representative of this class is alive, but also always far in advance of practitioners who are not eclectic. God speed you on your way.

Anaphylaxis.

BY DAVID ALPERIN.

*Read at the annual meeting of the Eclectic Medical Society of the State of New York.

While serum therapy is being developed principally along the line of prophylactic medicine, it serves a valuable purpose in other fields of medical science. In diagnosis for instance, the serum test known as the Wassermann reaction constitutes a method of unprecedented, and at the same time of practically indisputable ex-

actness in the diagnosis of syphilis, obviating luetic conditions in their most discrete form and in all stages.

Other uses have been made of serum which are either of historic, or at the most of scientific importance, and their omission from this article is justified because of their being of no practical value. Recent investigation of conditions heretofore unexplained or misunderstood has given them a new interpretation. This hypothesis based upon a group of phenomena is known under the name of anaphylaxis. This name was first referred to by Richet who called it so in contradistinction to prophylaxis or immunity. By anaphylaxis we understand the following phenomena: if a foreign animal protein material is introduced into the system either by subcutaneous, intravenous, subdural, intraperitoneal injections or by feeding, the animal thus inoculated will after a certain time become hypersusceptible to this protein. This state or condition is known as the anaphylactic state. The period of time between the inoculation and the anaphylactic reaction is called the preanaphylactic state and corresponds to the incubation period of infectious diseases. The anaphylactic state is a condition of increased sensitiveness of the entire organism as a whole and this hypersusceptibility is specific for the protein causing it. This phenomenon is explained by the presence of a specific substance similar in nature probably, but diagonally opposed in action to the substance found in animals in the prophylactic or immunized state.

If the animal in the anaphylactic state or another animal passively anaphylacticized, i. e., one injected with the serum of an actively inoculated animal, so injected with the protein material for which it has been rendered sensitive by the first injection, actively in the formation of the anti-body anaphylactin and, which is specific for the protein injected, or passively by the introduction into the animal of the antibody by means of the serum of the actively anaphylacticized animal, as the case may be, a symptom complex known as the "anaphylactic reaction" takes place. The gravity of this reaction varies, at times it is fatal. The amount of protein necessary to induce this reaction may be sometimes very small. An anaphylacticized animal to egg albumen for instance when injected with such ridiculously small amounts as 0.00000005, harmless in itself, will induce an anaphylactic attack. Anaphylaxis may be hereditary, congenital, artificial or acquired.

Conditions of hypersensitiveness to certain substances, noticed in cases, we like to call idiosyncratic, may be explained by means of anaphylaxis. The idiosyncratic individual being anaphylacticized to such particular substance for which he is sensitive. Such instances of hypersensitiveness are rhus poisoning, hay fever, asthma (certain varieties), certain idiosyncrasies to drugs or food, etc.

The symptoms of the above mentioned pathological conditions, such as coryza, congestion of the upper respiratory tract, pulmonary and renal complication, urticarial eruptions, etc., are similar to those manifested during a typical anaphylactic reaction, and is strongly suggestive, as being of a common origin.

The experiments of Arthus confirmed the observations of Richet on anaphylaxis, although in a different field. The experiment of Arthus, known as "Arthus' Phenomenon," consists in injecting rabbits with horse-serum, this rendered them susceptible to a second injection made after a few days (12 days) accompanied with severe symptoms, often death. This hypersensitive or anaphylactic state lasts sometimes for a year, usually for many months.

This "phenomenon of Arthus" is referred to by some authors as "Theobald Smith" phenomenon. This author has made a similar observation. He noticed that guinea-pigs injected with toxin-antitoxin mixtures in the course of antitoxin standardization, would be killed, if after a short interval they were given a subcutaneous injection with horse-serum.

The theories of anaphylaxis are divided into two main groups; one explaining the entire process of anaphylaxis to take place in the cells, while another class of investigators regard the blood as the place of production of the poisoning substances. The histogenous theory of hypersensitiveness has as representative exponents men like Behring and Ehrlich. They based their opinion on the fact that animals on repeated injections with toxin, not only did not become immune, but became more and more sensitive with every injection. And furthermore upon the paradox fact, that horses immunized against a certain toxin, although containing a large amount of antitoxin, would succumb on a very small amount of toxin.

Behring and Ehrlich explained this anaphylactic phenomenon in their theory, that although the blood contains antibodies sufficient for complete immunization or neutralization of the toxin, the body cells themselves are in a state of hypersensitiveness. Ehrlich uses his chain theory, in explaining this phenomenon and regards the cell receptors as having a greater affinity for the toxin, consequently competing with the existing antitoxin and constitutes the prevalent reaction, i.e., the poison is attracted to the cell and is absorbed.

Among others Besredka and Friedberger occupy an important place as investigators in this field. According to the first, the anaphylactic phenomenon should take place in the central nervous system. This he thought to have established through a series of many interesting experiments. First, he succeeded to induce a more positive anaphylactic reaction by means of very small quantities in-

jected intra-cerebrally. He showed that the reaction thus induced could be, annihilated by ether narcosis. Second, the reaction did not appear if the primary injection were made intra-cerebrally. Besredka accordingly constructed the following theory: The horse-serum contains a substance "sensibilogen" that causes the formation of the antibodies sensibilisins, when injected into the guinea pig. These are not formed in the central nervous system, but in other tissues and are bound, by its substance, after reaching the blood circulation.

Besides the sensibilogen, the horse-serum contains a second substance, the antisensibilisin, which binds the sensibilisin and neutralizes its effect. If this union takes place in the blood, the reaction is not dangerous for the animal. Should, however, the reaction between the sensibilisin chained to the cells of the Central Nervous System, and the antisensibilisin take place, then we have the severe symptoms of anaphylaxis which, however, can be removed by ether narcosis.

The conception that the sensitizing substances are different from the antisensibilisin, although of no further practical importance for the consideration of the anaphylactic phenomenon, is based on the fact that the sensibilisin and their antibodies present a different thermal resistance.

The second theory, a very ingenious and interesting speculation, is that of Friedberger of the precipitin formation. At the first injection of the foreign protein material, we have just as it is put forth in the chain theory, an increase in number and affinity of the cell receptors for the foreign protein. In the course of the immunizing process we have a repulsive action of the antigen toward the receptors, and a simultaneous formation of precipitins in the blood. These precipitins not only do not contribute to the induction of the anaphylactic state, but protects the organism, by entering in combination with the antigen to form an inert substance, at the second injection. The precipitin absorbs the foreign protein and refract it from the cells, thus inducing a so-called "protein immunity." On the contrary, the sessile receptors, act deleteriously in that they, not being detached from the cell, afford a direct communication between the cell and foreign substance thus allowing its absorption into the cells, which are poisoned. This protein anaphylaxis theory of Friedberger is also analogous to that of Ehrlich on toxin action and immunity. The substance inducing a state of immunity when detached is responsible for the poisoning in anaphylaxis, acting as poison conductor, if attached to the cell.

I have attempted to give in this paper a brief review of what is understood by this condition of hypersensibility in contradistinction to the condition of increased resistance to foreign inva-

sion of material, acting deleteriously in the organism, have also tried to show how Ehrlich's ingenious hypothesis explains not only the mechanism of immunity but that of anaphylaxis, how related the process of immunity is to that of its anthithetic process anaphylaxis, and yet so different as is health to disease or an electropositive to an electronegative ion or as is a gas to a liquid at its critical point.

The relation of this phenomenon in explaining many points of interest in a number of conditions heretofore unanswered, has been, however, lightly touched, for the reason that very little work has been done, in this comparatively new field of investigation of immuno-therapy.

In another paper on 606 read before the King's County Eclectic Medical Society at their annual meeting last year, I endeavored to show how the same theory of side-chains, which has furnished to the pathologist a language of its own and which is adapted universally in the speculative study and consideration of many problems in pathology, has been applied by its author to the special form of therapeusis which he called chemotherapy. The substances belonging to this new *materia medica*, in order to be of value have to be of a definite chemical structure to fit the germs of certain protozoon diseases.

The structure of these substances is represented mainly by a group of elements constituting what he called in the case of 606 as "arsenophore" which group has specific affinity for the receptors found in the spirochaete pallido or chemoceptor in the case of 606 an "arsenoceptor." A similar affinity is known to exist between the "chromophore" group of the dye-stuff and the material.

The chromophore group for material of animal origin such as wool, silk has a different arrangement, from that group having special affinity for textures of vegetable origin such as cotton, etc.

The striking analogy between the structure of the azo dyes and paradioxy-diamino-arsobenzene and the nature of material they act upon is very marked and at once traces the probable origin of chemotherapy. However, the structure of 606 in itself does not exclude the possibility of it being also organotropic besides parasitotropic, i. e., the structure of the chemical by no means indicates that it will not injure the organism into which it has been injected. The infectious mico-organism of syphilis is conceded to be an animal, consequently the substance, having a structure similar to that of the chemical which will dye wool and silk, has been found by Ehrlich to combine with the germ of syphilis and to destroy or inhibit its activity. Thus paradioxy diamino azobenzene will dye wool and silk and paradioxy diamino arsenobenzene will affect the spirochaetic in such a manner, on entering in combination with its chemoceptor by means of the arsenophore group, that it will chain

so to say its biologic activities and so effecting, according to Ehrlich, a sterilization of the organism.

This peculiar relation existing between a definite structure of a chemical and the nature of a material acted upon has been used to advantage by Ehrlich by establishing his chemotherapy. I have somewhat deviated from the real subject of this paper, but could not help intimating at this occasion the close relationship of Ehrlich's chain theory, its practical application in the modern view of various problems in immune and serotherapy and its final development into chemotherapy.

In closing, I would like to express the hope that after this chemotherapy, which after succeeding and replacing for some reason or other, serumtherapy in the treatment of certain diseases, will be forgotten, that the cycle of therapeutic evolution will close with the study and consideration of the Eclectic Materia Medica, and perhaps with the discovery that quinine, mercury, phyto-lacca, echinacea, etc., may also be of therapeutic value although their chains and groups are not, and may never be discovered.

Doctor Kunitzer and the County Medical Society.

The Medical Society of the State of New York reverses the New York County Medical Society on the appeal of Dr. Robert Kunitzer, and the Supreme Court enjoins the County Medical Society from further proceedings.

An injunction has been issued by Justice Blanchard restraining the Medical Society of the County of New York from taking any action on certain resolutions offered December 27th, 1910, in the controversy between Dr. Kunitzer and the County Medical Society.

In the papers on which the injunction was issued Dr. Kunitzer alleges that he never had a fair trial in the County Medical Society. He further alleges that at the first meeting at which the charges were heard he was compelled to proceed with his defense at 1.30 A. M. and that many of his witnesses were refused a hearing. He also alleges that having complained of the unfair manner in which the first hearing was held a subsequent meeting was had at which he testified and vital proof was offered showing his innocence, but that the attorney for the County Medical Society, although present at the entire meeting afterward advised the Board of Censors to declare that meeting to be void and such was done. Dr. Kunitzer further alleges that subsequently another meeting was held, but that he was not permitted to submit his proofs. He thereafter made several attempts to submit proof of his innocence of the charges preferred against him, but the Board of Censors of the County Medical Society refusing to accept such proof he was obliged to appeal to the State Medical Society, on which appeal he offered "to

waive all technicalities and to stipulate with the County Medical Society to submit the merits of the controversy to the Board of Censors of the State Medical Society and to abide by its decision." The County Medical Society, however, refused this offer. Dr. Kunitzer also states that at the meeting of the County Medical Society held on December 27th, 1910, members friendly to him were not permitted to discuss the resolution which was then offered, and that in any event such resolution was lost. Upon Dr. Kunitzer's appeal to the State Medical Society which was heard on May 3rd, 1912, at the Academy of Medicine, the Board of Censors of the State Medical Society unanimously decided that the vote taken by the County Medical Society on December 27th, 1910, was not properly counted and announced.

Acting on this decision of the State Medical Society, the County Medical Society proposed to put the matter to another vote, but without giving Dr. Kunitzer a new hearing, or giving him the opportunity of presenting overwhelming proof of his innocence of the charges. For this reason Dr. Kunitzer, objecting to the formality of a new vote without a new hearing, applied for the injunction which was issued, and contends that without such new hearing it would be unfair to submit the matter to new vote after the Board of Censors of the State Medical Society had decided that the original vote taken by the County Medical Society was illegal.

Dr. Kunitzer in his affidavit asking for the injunction, says that he has exhausted his remedy in the defendant society and that the proposed action of the County Medical Society is simply for the purpose of harassing and injuring him. He says that he had made every possible effort to secure a full and fair hearing upon the charges made against him and calls attention to the statement made by his attorney to the Board of Censors of the Medical Society, in which he offered to submit the entire controversy to that party, waiving all other technical rights that he might have.

Dr. Kunitzer, through his attorney, Mr. A. Gilbert, states that he is still willing to waive all legal rights and to submit the merits of the controversy to an impartial tribunal.

He states that on a hearing before an impartial tribunal, he has no doubt that the testimony of Mr. Isaac Guggenheim, who very largely contributed to the maintenance of the Sydenham Hospital; of Joseph P. Day, its President; of William H. Fletcher, of Hon. Otto A. Rosalsky, and others, would be accepted against the testimony, of Egghard, a discharged employee of the Sydenham Hospital, and who the public records show was naturalized as a citizen as a single man, when he was in fact married under an assumed name. That the County Medical Society in deciding against him, undertook to accept the word of a discharged employee rather than

the word of men like Messrs. Guggenheim, Day and others. Dr. Kunitzer states that he offered to submit to the County Medical Society absolute proof that he had nothing to do with the matters charged against him, but that in fact things charged against him were actually done by Egghard, without his knowledge.

Dr. Kunitzer, when asked what motive might be behind the attack on him, stated that it could only be charged to the efforts of some physicians to injure the Sydenham Hospital because of their inability to use that institution; but added, that the Sydenham Hospital could not be seriously injured so long as his friends, including Mr. Guggenheim, Mr. Day, Mr. Fletcher and others, stood by him as they had and continued to do.

Hints for Thoughtful Consideration.

BY G. W. SCHAEFER, M.D.

*Read at the annual meeting of the Eclectic Medical Society of the State of New York.

Our law makers are supposed to be men of at least fair education and are supposed to enact laws for the benefit of the community, primarily living in their respective districts, but it behooves each law maker to try and please not alone the few who were instrumental in placing him in a position to enact these laws, but to help to make laws for the general public's welfare. But as to medical laws there are many law makers who are urged to enact laws by being handed bills that they, through mere friendship or some consideration or other, use all the power at their command to put through. And if you as a physician ask the whys and wherefores of such bill, they would immediately reply that they personally know very little about the merits of the bill, except that Dr. So and So of such and such an association thinks it a very good thing. And that is one of the reasons I for one would advocate that doctors should affiliate themselves with political organizations and accept nominations for legislative offices, so that the medical fraternity at large may have proper representation as to the making of real medical laws.

There is the Theater Panic Law, for instance, against overcrowding in a theater, and yet every day in the vaudeville and moving picture houses you can see any number of people standing six and more deep at the rear of the orchestra and balconies, pushing and jostling each other to gain an advantage in place so as to be the first one to gain a seat just vacated. (And incidentally, these places hold two or more pick-pockets or "dips" as they are known in police parlance, with probably one special officer in charge of the gallery only.) And when there is a catastrophe either by fire or otherwise, it becomes a nine-day talk and that ends it.

The Tenement House Department is supposed to control overcrowding in tenements as well as the Health Department to look after the proper ventilation, etc., as to living apartments, but on our East Side you will often find not only a family of ten, consisting of father, mother, children and relatives, living in three rooms, but also a couple of boarders in the same rooms, and I am told there are some boarding houses in the shipping and sugar house districts that sleep two sets of boarders in the same rooms; night workers sleep by day and day workers at night in the same beds, and of course there is no change of bed linen except possibly once a week. A nice warm place for the spread of all kinds of infectious diseases.

The fire escapes of tenements are used in the winter time as improved ice boxes and storage places, and in the summer are used for hanging gardens and sleeping quarters, and all the year round as a play ground for the children, and is the storage place for the wash boiler and wringer, etc. The bathroom is used to store coal, wood, garbage, etc. To prevent the accumulation of garbage, rubbish, etc., how much better would it be if all tenements were supplied with chutes of some kind leading to an incinerating furnace, whereby everybody could throw their accumulations into the same and be burned up. You might say I am talking about something ridiculous, but as we have steam, hot air and hot water systems, mail chutes and the like, why can't some inventive genius work out this plan as well, and what a blessing it would be to the community at large, as well as to the city, as to expense in collecting and disposing of it.

Then there is the law whereby cars are to be heated in cold weather. It's all right for our worthy and honorable mayor to say, "walk to business and keep warm," but how about us poor individuals who are the beck and call of the community at large in time of need, are we to walk to a patient's home to warm up first and let the patient wait until we are in proper shape and condition to see him or her? Ye gods! If we would! There wouldn't be a doctor in the whole universe who wouldn't sooner or later be put out of commission by electrocution for murder in the first degree. I oft-times wonder whether the majority of the laws are not made for the purpose of some manufacturer to gain his end, for take the Individual Drinking Cup Law. If you want a drink of water in any public place you have either got to buy a collapsible drinking cup for ten or fifteen cents or buy a paper cup for a penny, which of course is to the interest of the manufacturers, pure and simple, and not to the individual. Unless each and every corporation, whether public or civic, or store, or house that contains any drinking fountains, should be compelled to furnish paper drinking cups for the privilege of having a permit for a fountain or have running water fountains.

with water continuously running over the edge of a drinking receptacle so that no germ or any other foreign substance can find a resting place to convey and propagate disease. But if typhoid germs are lurking in the water, it doesn't make any difference whether you use a fine cut glass tumbler or a common tin cup, they will be there just the same. In the State of Connecticut they recently passed a law that every individual should have an individual towel. That is a very good law and I approve of it most heartily, as there are more germs in a bar-room or lavatory towel than in all other germ producing implements in existence, and they ought to go a step farther as to bar-rooms; a law ought to be enacted by which every glass used by a patron should not simply be rinsed in cold water, but be washed in soap suds and wiped with clean linens before re-serving the glass to a second person. The free lunch fork is another implement of destruction that ought to be done away with, and as to restaurants, lunch rooms, etc., just think of the irreparable damage that is done by the millions of germs that lurk in the edges of chipped cups and plates and various other pieces of china that are improperly cleaned and then wiped with a dish towel that is not only used to wipe these self-same receptacles of food and drink, but is also used to wipe tables, shelves and what not.

Here is another thing that happens very often in your own home. When you wife garnishes her food with lettuce leaves, celery, water cress or parsley and the like, maybe she washes them in cold water for a few minutes and that ends it, but I think all these things should be soaked in a salt brine for some time to remove all vestige of dirt, etc., especially those that have been bought in the open market, wherein those pulled from your own garden may not need this extreme caution.

In my opinion the dentist in many instances breeds more syphilis and other contaminating diseases than any other human being, in that many dentists do not use the necessary antiseptic precautions in using their burring and other instruments, for only recently I read of a case of contracted syphilis in a refined and cultured woman who after having a tooth extracted developed syphilis in the form of an ulcer in the cavity of the gums where the tooth was removed. In returning to the same dentist after a lapse of a week she was informed that it was a syphilitic ulcer, and in the meantime her husband had contracted a sore of the same sort. Both husband and wife in this case had sufficient proof of the dentist's antiseptic negligence to convince a jury in a trial court, so that the jury convicted the dentist and ordered the defendant to pay the complainants damages to the amount of \$10,000.00 to the wife and \$1,000.00 to the husband.

The so-called tonsorial artist is another of those who breed dis-

ease and vermin. Although we have a law on our statute books as to antiseptics in a barber shop, there are very few shops that do not use a brush for shaving purposes continuously on many faces and never think of antisepticing the same, and the same can be said of the comb, hair brush and other implements used.

If the school commissioners would only see to it that all teachers in public and private schools should use their best efforts to teach "manners," how much better it would be for the community at large. For instance, if the majority of school children were taught the rudiments of proper table manners, proper dress and clean finger nails, etc., I am positive it would cause a better character to be built up and the so-called foreign parents would sit up and take notice and finally be proud of the fact that their child is being taught at least one thing they could comprehend and follow suit by simply doing as the child does, and gain health and strength to battle through life much easier than when living in squalor and ignorance. For I know personally that in some European provinces, mothers, not alone daughters, know absolutely nothing nor care about anything that pertains to sanitation in regard to their bodies; for they don't use and think it the height of folly to use a napkin at a time when nature itself demands it, at menstruation time, and allow the menstrual fluid to flow where it will and they don't think of changing their linen and wouldn't think of such a thing until the stage of menstruation is passed, and in this way aiding the gonorrheal germ and syphilitic virus and other bacteria to propagate in a suitable field. This is one class of female immigrants that we have to contend with.

For syphilis and gonorrhea in my estimation are the worst evils of mankind, and the minute you mention either of these diseases to your patient, especially where innocently, so to speak, contracted, they feel offended, hurt, embarrassed and what not, and go so far as to belie the disease (especially women) and tell you that they only have leucorrhea or whites, which in their minds is a common ailment of women before and after the term of menses; and if you should suggest a douche, these selfsame women will tell you frankly they don't belong to the class of women that need a fountain syringe, but are respectable married women and bathe themselves regularly. Just think what a whole lot of mischief could be undone if every female over the age of puberty could be appraised of the value of a vaginal douche. They are all very eager to use mouth, nasal, ear and eye washes and douches and will allow their stomachs to be washed out, but the minute you speak of vaginal or rectal douches, you shock their modesty. As if those parts could take care of themselves. But in my mind there isn't another part of the body that needs cleanliness as much as the vagina or rectum, for if you just

stop to think a minute, you will realize that 75%, yes I dare say 95% of the cases of syphilis, are due to the fact that women don't use the proper prophylactic precautions to stave off this disease in particular and many other troubles too numerous to mention, **which** are directly or indirectly due to a want of cleanliness of these parts.

The majority of people, especially foreigners, pay no more attention to laws than the man in the moon. Some laws on indecency, for instance, are laughable, as you can go in to many public places in the large cities and find lots of indecency expressed in a most shameful manner among the men and woman patrons of these places, with nobody caring for the law.

Laws as a rule are nine-day wonders. There are also gambling laws a plenty, but don't we all love a little game of chance? Gambling is not second, but first nature to man. Life is nothing else but a gamble, for we always take a chance of living to a healthy, ripe, old age and would all succeed if it wasn't for the fact that one disease or another takes hold and wipes some of us off the earth so quick that we haven't even had the chance to utilize enough time to realize what the earth really looks like, and if we are given the chance to grow older there are innumerable germs, bacteria, habits, vices and what not to help push us off the earth at an unreasonable time. When a child, for instance, goes for his first lesson in school he's taking a chance, as he doesn't know whether he will ever get through school, for haven't we thousands of children that enter school with the avowed intention of going through the whole curriculum, then finds for some reason or other he is compelled to leave his studies to go to work and help to support his immediate family to keep the wolf from the door. Then there is the young man graduate who has had to study algebra, geometry, etc., and finally lands in a bake shop or on the top of truck yelling, "giddap and whoa," and if a woman, she is probably calling "cash" in a department store or is at the other end of the telephone asking "what number please?" Then there is the college man, who has had an enviable education, but who is trying to make a living by ringing up fares on a street car, or manages to get a floor walker's job in a department store. And then there is the "Co-Ed," who graduated from some high-class institution to finally land in some hotel as chambermaid, or is ladies' maid, manicure or hairdresser at \$6.00 per week. All these took a chance and failed.

Then we all take a chance in marriage, whether rich or poor, for there isn't a day that you take up a newspaper, but that you can read about some parties of refinement, culture and good breeding entering the divorce courts to sever the holy bonds of matrimony on account of bad habits or mental faults, more so than the graver causes of unhappiness.

When you borrow money you take a chance on being able to pay it back.

When you buy anything on the instalment plan, you take a chance to make good.

When an employer hires help, although coming with the best of references you take a chance, for how often do we hear of a church deacon, even ministers of the gospel, going to the bad by taking a chance.

So why have laws against a certain game of chance and legalize another, for don't we legalize gambling in stocks, gambling in real estate, gambling in various industries, not excluding the various exchanges in cotton, coffee, wheat and other crops of commodities we use daily and can't do without.

We physicians take a chance, and our patients too, when we write out a prescription for a certain drug, and in all sincerity expect an honest, conscientious and able druggist to fill it verbatim, and he does, to the best of his ability, from stock which may be a good preparation made from good, clean and fresh drugs, or the pharmacist may have been imposed upon in buying his drugs from a dishonest manufacturer, or the druggist himself may substitute one preparation for another, for doesn't the State itself give him the privilege of substituting a tincture for a fluid extract, for instance, so long as he puts in enough of the tincture to produce the strength of the fluid extract as the pharmacopea calls for.

Therefore, by all means, give your own drugs, and make your own mixtures and buy your extracts, etc., direct from reliable firms that are known the world over for the quality of their drugs, as to their pharmaceutical and chemical value. And don't lots of people take chances in having doctors that don't know and don't have to know anything about drugs or their specific indication. For only the other day I met a doctor of prominence in New Jersey who when asked by me if he believed in specific medication, answered to my surprise, that there was only one specific that he ever knew of and that was antidiphtheriticon, commonly known as antidiphtheritic-serum. And when I told him that I considered aconite for fever and echinacea for autointoxication, two of the most wonderful specific drugs known to modern medicine and the American school of medicine, he politely told me that as for echinacea, he had never used or heard of it, and as for aconite he didn't believe he had used, in the twenty odd years of his practice, more than one ounce. I told him that was probably the reason why he was plugging night and day to make both ends meet. Then I sent him some pamphlets and books on eclectic drugs and their indications, for him to read up and get wise. My answer for my trouble was that he would have to change his materia medica.

Just think for one moment of the chances the young folks of our day take in running the gauntlet of vices—that a young man lays himself liable to a life of misery in coming in contact with perversion of all forms of mind and body destroying diseases starting with a smile on a pretty face, then a mutual introduction, a dinner, a dance or theater, then a disease of the worst form, culminating in painful chronic complications possibly lasting for years with untold misery and finally death, or it brings on melancholia, hallucinations, felonious assaults and insanity, which end in crimes that fill nine-tenths of the prisons of the world, and are also the cause of hereditary troubles that cling from one generation to another.

Then there is another chance almost every man takes in taking the proverbial drink. A man may take a drink of an intoxicating nature to celebrate one thing or another and usually invites one or more friends to help him celebrate a birthday, christening or some other matter that transpires in life to make him feel in a jovial good-natured and talkative mood, then he may take a drink to extend good fellowship or to prove himself a friend of those whom he knows or happens to meet, then again he may take a drink because his mother-in-law died or that some grave danger has been avoided, or that he has escaped some serious trouble of one kind or another, and then again he may take a drink to drown his fancied or real sorrows caused by business troubles, worry over a pending law case, sickness or death of a loved one, and various other things that go to make up the sorrows and happiness in life, and finally he becomes a drink-sotten, rum-besoaked individual or tramp, just because he took a chance to take a drink and had not the will power to stave off the cravings of the liquor habit.

Then what an awful chance some physicians take in prescribing morphine for any and all pains, which in many cases is the forerunner of that terrible nerve-racking and mind-destroying habit of taking morphine, when as a matter of fact, if the schools of medicine would only realize that we have any number of vegetable remedies that are used by the eclectic physician that are specific in their action in relieving pain and all ills and don't bring on any habit whatsoever, of any nature, that any physician has to think and worry about when he is about to enter the other world. Oh! how some doctors of medicine will have to suffer (if there be such a thing, and I believe there is) for bringing on through morphine and coal tar products, habits that could have been avoided if they would only look into the matter of specific medication.

And now for the greatest of all evils, which begins in the ovum of conception and has followed generation after generation, that most dreadful of all diseases—syphilis. I am not going into the details of etiology, physiology, pathology or treatment of this mon-

ster of destruction, but I will try to give a few hints as to what could be done and ought to be done by the Government itself. Of course you will say that it is folly probably to suggest remedies for eradication, but as I said before, I am not going to tell you how I, for instance, or my colleagues, cure syphilis, but I am going to suggest practical means to eliminate the disease in time in our country, and if all other countries take my tip I think that at a time not far distant this disease can be stamped out and eradicated to a great extent.

If the governments of cities, states and nations would establish a so-called syphilitic branch of the boards of health and compel each and every one of the immigrants to undergo a rigid physical and microscopical examination to determine the presence of syphilitic virus, and when found present, to compel rich and poor alike to undergo a positive, conscientious and reliable known treatment for same and be kept in quarantine for the purpose quoted a specified time, or until such time as they can be vouched for and given a duly signed and countersigned certificate of good health, then, and then only, could we in a great measure obliterate the greatest source of infection. What is the use of making laws for a special this and a special that when you can with one blow do more good with a general compulsory law than with a few minor laws—and I positively believe that if the public in general were aware of the fact that syphilis is the vilest, wickedest and nastiest disease in existence, and is carried around with them every day in the year and they unconsciously fool and play with it every time they handle any kind of money for instance, they would only be too glad to help to eradicate this evil of all evils, which, as you know, is the cause of more complications than any other known cause. I would suggest also that every factory, mill, foundry, mine, etc., where numbers of workers are employed, and that in every school and college, or other place where human beings congregate, some means should be employed to give advice as to prophylaxis and first aid in treating the initial sore of this disease, either by pamphlet or lectures, and would like to see above all else some philanthropic ladies or gentlemen give enough of their worldly belongings to start this movement going by building a hospital or institution with branches in every large city and help to eradicate this disease and receive the everlasting thanks and gratitude of a multitude of people, who would help to carve their names on the walls of time, to be held in reverence for all time to come, an honor of a deed to the people not alone of this, their home country, but to the peoples of all mankind, and be held up to the time of eternity as the grandest achievement that ever has or ever will have existed.

New York City.

Items from the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

There can be no question as to the value of scopolamine hydrobromide as a hypnotic in the treatment of the insane. Given hypodermically in doses varying from 0.003 to 0.015 of a grain, it induces in the majority of cases a sleep lasting from 3 to 10 hours. On awakening the patients appear much calmer than before the administration of the drug. This is especially so in cases of mania and in the chronic insanity cases. In delirium tremens it has no effect and no hypnotic action whatever.

According to Binder we can classify the anomalies of the ear into 22 varieties. The most important malformations of the ear that may be regarded as belonging to the stigmata of degeneration are: the deep position of the crus arterias, marked prominence of the antihelix, excessive broadening of the ear, stunted development or absence of the helix, trifurcation of the antihelix, widening of the fossa scaphoidea, absence of the crus superias, complete absence of lobule, asymmetry of the two ears, excessive enlargement or diminution of the concha, excessive conchoidal structure of the ear. Binder states that twice as many adherent lobules are found in degenerates as in normal people.

Even the most experienced neurologist will often find the symptoms of intracranial tumor so perplexing that it may be extremely difficult to decide whether they are due in greater part to complicating internal hydrocephalus, or to the direct effect of the tumor itself. Increase of cerebrospinal fluid is an almost invariable accompaniment of an intracranial growth. A positive differentiation between acquired internal hydrocephalus and cerebral tumor is often impossible. Again, cases do occur which simulate the clinical picture of brain tumor involving either the cerebral hemisphere or the cerebellum, which terminate in permanent recovery, leaving atrophy of the optic nerve as the only residual symptom.

Some time ago Pime (in the *Journal* of A. M. A., I think) reported a case of metastatic carcinomata in the brain and cord. The case is interesting because no diagnosis of the lesion of the brain was made before death. The entire spine was hypersensitive. At the levels of the 5th, 6th and 7th dorsal vertebrae the pain on pressure was most excruciating. The symptoms remained till the end. There was a band of anesthesia around the abdomen varying in width and in position daily. There was loss of knee jerks. The left

eye showed nystagmus. There was ptosis of the left lid, and a slight squint. The speech was somewhat slow and thick, reminding one of the speech in bulbar palsy. There was no ataxia, control of bladder and rectum was unimpaired. There were no tremors. Mental condition was excellent, no aphasia, no agraphia, no vertigo, no nausea, no headaches. Postmortem, a tumor was found on the inner surface of the dura, pressing on the left cortex, above the sylvian fissure, on the inferior, middle and anterior central gyri. A second larger tumor was found at the base of the brain, extending from the left frontal region to the orbital plate.

The National Eclectic Medical Association meets in Washington this month. Be sure and go. This will prove to be one of the most interesting and important national meetings in the history of eclecticism. Do not fail to attend the convention.

No you know what is a cerebellar neurasthenia? There are cases in which the patients seem to inherit a defective cerebellum. These patients are neurasthenic or parasthenic. They are slow on their feet, never able to dance well, or at all; they are easily tired and have periods of drowsiness. They are great sleepers. They walk carefully and hold their heads in a constrained position. They cannot move quickly without vertigo. They get seasick very easily; they may have nystagmus. The handwriting is cramped, and sometimes they suffer from rigid spasms.

In asylum life the periodic and exact weighing of patients is a routine practice generally adopted, for it serves as the earliest warning of complications, such as tuberculosis. A restoration of lost body weight is one of the first signs of returning health.

Someone once said, that to know a paranoiac, the physician must not make a study of a cross section of his life (one day), but of a longitudinal section (many months or even years). This seems to me to be quite correct. How some alienists can examine a case (a supposed paranoiac), see him once or twice, talk to him for about 20 or 30 minutes and then go on the stand and swear one way or the other, is something that is beyond my limited comprehension.

Not long ago, in a case of epilepsy under our care we noted the following: a steady low temperature following the status epilepticus. If I am not mistaken a similar incident was reported

some time ago in one of the medical papers. In the case under my care the low temperature lasted for about two hours after each attack and then slowly rose to about 99°.

910 St. Johns Place, Brooklyn.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

Duplicate Case Vials.

In an editorial under the above caption, Dr. Harvey Wickes Felter presents some suggestions which are fully in accord with my experience and knowledge of the needs of the general practitioner of medicine. It is taken from the pages of the *Eclectic Medical Gleaner* with the expectation that the readers of the REVIEW will find it an excellent thought-producer. Dr. Felter writes as follows:

"In our experience we have found it convenient and satisfactory to have a dozen of so duplicate case vials, ready labeled, to exchange for those in the medicine case, to meet seasonal demands. Sometimes a vial of medicine is carried for months and unopened, while during certain epidemics and in certain seasons of the year frequent use will be made of that same medicine. When measles and whooping cough are prevalent then we use drosera to a large extent and often, while at other times we rarely employ it. During the summer season we will need a whole array of medicines for which we seldom find use in winter. Sometimes a special case of illness will be the only one requiring a given remedy for some time, as when treating typhoid fever, we may, for a limited time, have use for baptisia. Such medicines would better give room to those more needed, or be included for their special needs, by an arrangement by which exchange vials could be readily used.

"Exchange bottles should be of the same kind and size of others in the case, and should be ready labelled for use. They should not, however, be filled with medicine until they are to be placed in the case for use. In this way they are ready to be quickly filled and slipped into the case when needed. This saves time and annoyance, and insures having the medicines when wanted.

"Again, a full set of duplicate vials can be kept ready for exchange when the medicine case is to be cleaned. The vials may be kept in preparation, ready labelled (but not filled) by an as-

sistant, and when a clean case is desired can be quickly exchanged for the soiled bottles—the contents of which should be transferred by the physician himself, to the clean vials or to the shelf bottles; or if old, should be thrown away. Those who have spent from one to two hours cleaning their case with the likelihood of a hurry call to interrupt, or have dreaded the ordeal for weeks, will appreciate the convenience of this arrangement. To those who feel that they can afford it, an extra or duplicate medicine case is most convenient and can be filled whenever leisure permits. In this instance both cases can be better taken care of, will always look clean and attractive, and will last proportionately longer.”

A Brief Re-Study of Wooster Beach's Remedies.

NO. V. INULA HELENIUM.

This plant, commonly known as Elecampane, is found growing in low meadows, by the roadside and in stony places. It possesses tonic and stimulant properties of considerable value, as well as being a diuretic and diaphoretic of some usefulness.

The most decided action of elecampane is on the mucous surfaces, and it is, therefore, of special value in many catarrhal states. In chronic bronchitis it exerts a corrective influence, and in catarrhal conditions of the stomach and intestines it has been employed with gratifying results. Its stimulant and tonic action on the mucous surfaces are such as to make it a remedy of curative power in catarrhal diseases of the female reproductive organs. In chronic leucorrhea it is especially valuable, and has many times proved superior to better known remedial agents.

The early Eclectics found frequent use for elecampane, and deemed it a drug of decided merit in diseases of the respiratory organs. In referring to this fact Dr. Beach said: “This plant is possessed of energetic tonic properties. It is an excellent article in coughs and colds, pulmonary irritation and chronic bronchitis.”

Among the specific indications for the use of elecampane the following are perhaps the most frequently seen: Gastric atony, with catarrhal condition of the mucous membrane; bronchial affections, with profuse secretion; persistent cough, with profuse secretion; catarrhal discharges.

The action of elecampane is slow, and so it will be necessary to continue it for some time in order to secure the full therapeutic effects of the drug. As it usually agrees well with the stomach this can be done without difficulty.

The dose of Specific Medicine Inula (or a good fluid extract) is from 1 to 20 drops. In chronic diseases the following has proved

a good prescription: $\mathcal{R}$ Specific Inula, Glycerin, aa $\mathfrak{z}\text{i}$; Water, $\mathfrak{z}\text{ii}$, M. Sig. Dose, one teaspoonful every two hours to every four hours.

Cholera Infantum and Four of the Remedies Used in Its Treatment.

Cholera infantum may be preceded for twenty-four or forty-eight hours by diarrhea, the stools being loose and fecal in character, and very offensive. Soon, however, the child becomes thirsty, greedily taking anything of a fluid character, and cries and frets constantly for water; crying for it when brought in its presence. Fluids, however, are rejected as soon as swallowed. The stools become frequent, are large and watery, losing their fecal character and color, but devoid of feces. The prostration is rapid and extreme, and the plump, rosy child can scarcely be recognized in twenty-four or forty-eight hours after an attack. At first the skin is dry and harsh, the pulse small and rapid, and the child is restless and cannot be kept quiet in bed, but must be changed almost constantly. The temperature runs very high, ranging from 103° to 108° . Cerebral complications at first noticed by the child rolling the head from side to side. The head now becomes hot, the face flushed, the child cries and frets constantly, or, if it drops asleep, the eyes are only partly closed, and the child is soon awakened by a sharp cry. As a result of the frequent stools, the abdomen becomes flat, the eye is sunken, the nose pinched, and the tissues inelastic, and the stage of collapse is ushered in. The extremities now become cold; the nose, lips and ears become blue, vomiting ceases, the stools lessen in frequency, the pulse is small and thready, the child passing into a comatose state, and death soon terminates the case; or reaction takes place, the pulse becomes stronger, the body regains its warmth, and the child enters the convalescent stage. The disease may run a very rapid and fatal course, death occurring in twenty-four or forty-eight hours; or it may be prolonged three or four days, each additional day of life adding to the patient's chance of recovery.—*Thomas' Practice*.

ACONITE AND IPECAC.

In cholera infantum minute doses of ipecac and aconite exercise a specific effect when the causes of the disease are removed and intestinal sepsis secured.—*Ellingwood's Materia Medica*. Ipecac and aconite are many times the only needed medication in cholera infantum, and the same prescription will cure most cases of ordinary summer diarrhea.—*Fyfe's Materia Medica*. Ipecac combined with aconite serves a good purpose in cholera infantum.—*Locke and Felter's Materia Medica*. We put the child upon the use of aconite and ipecac when there is an elevated temperature, small, rapid pulse, and irrita-

tion of the stomach and bowels, as shown by the vomiting, diarrhea, and elongated, pointed tongue.—*Mundy's Diseases of Children*. To allay the nausea and retching, aconite two drops, ipecac five drops, to water four ounces. A teaspoonful every hour will often accomplish the desired object.—*Thomas' Practice*.

CHAMOMILLA.

The child that should receive chamomilla is extremely restless and irritable; it wants to be carried and cries when its wants are not satisfied. The stools are green and white and slimy, often green and white and yellow mixed. When indicated by these symptoms, it constitutes a safe and efficient remedy in cholera infantum.—*Fyfe's Specific Diagnosis and Medication*. Chamomilla we have found a most excellent remedy in cholera infantum when the discharges are green, and the child restless and peevish. Should the stools be watery and almost devoid of color, and attended with sharp, colicky pains, we substitute for this cupric arsenite.—*Mundy's Diseases of Children*. In cholera infantum, when the stools are greenish in color, chamomilla will give good results.—*Thomas' Practice*.

GELSEMIUM.

The indications for gelsemium are fever, with a high degree of nervous tension, great nervous irritation, exhibited by bright eyes, usually with contracted pupils. * * * The face is flushed, there is restlessness, usually with increased temperature, with sharp, quick pulse, all evidences of acute determination of the blood to the brain or central nervous system.—*Ellingwood's Materia Medica*. In cholera infantum, as well as in all other diseases, gelsemium constitutes a needed remedy when the face is flushed, the eyes bright, the pupils contracted, and the child is restless and rolls the head from side to side. Gelsemium exerts a specific influence upon the brain, and to a less extent upon the spinal center and sympathetic. No remedy is more direct and certain in its action.—*Fyfe's Specific Diagnosis and Medication*. The influence of gelsemium is chiefly on the nervous system, quieting nervous excitation.—*Locke and Felter's Materia Medica*. In some cases of cholera infantum we find marked irritation of the brain, and indications for gelsemium.—*Mundy's Diseases of Children*. When the child is restless and constantly rolls his head, add fifteen drops of specific gelsemium to a half glass of water, and give a teaspoonful every thirty or sixty minutes.—*Thomas' Practice*.

Apis As A Diuretic.

I consider Apis the best all-round diuretic in the whole range of medicine.

E. S. COOPER, M.D.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Washington, D. C., in June, 1912. A. F. Stephens, M. D., president; W. P. Best, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1913. G. J. Olsson, M. D., president; G. R. Thompson, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. H. Harris, M. D., president; M. B. MacDermott, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. John Birkenhauer, M. D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M. D., president; A. B. Wolf, M. D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M. D., secretary.

New Jersey State Eclectic Medical Society.

The New Jersey State Eclectic Medical Society assembled in the Fraternal Hall, 605 Broad Street, Newark, N. J., on May 23, 1912, and held a morning and afternoon session. The attendance was fair and delegates from Pennsylvania and Connecticut were admitted to seats in the meetings. Health Officer Dr. Nelson F. Elliot of Passaic sent a letter of regret. Dr. Best sent instructions concerning delegates to the National. Dr. Sibley made a neat address and portrayed the need of a large attendance at the National next month. Dr. Frank Webb of Connecticut was sent as a delegate from that State and in turn Dr. G. E. Potter was delegated to attend the Connecticut meeting next year. Four honorary members were added to the roll and one Dr. A. J. H. Mackie was elected to full membership. Dr. G. L. Johnsonbaugh of Bethlehem, Pa., who is a member of the Pennsylvania State Board of Medical Examiners made us a visit and gave us a good talk on National matters which will come up at the National in June. He told us to be on guard in the matter of the Owen Bill.

Interesting papers were read and discussed. The new remedy (?) 606 received a good trouncing and was relegated to the bow wows, because of its pernicious effects. Prof. Thompson gave us his opinion of the remedy and Dr. Webb related his experience with it.

Delegates—The following were appointed delegates to the National: Drs. Young, Jones, Kitchen, George, Tobynne, Brown and Potter. Let this notice serve to acquaint all of their duty. The

present officers were re-elected: President, G. C. Young; Vice-President, C. M. Tobyne; Treasurer, M. A. Willis; Secretary, G. E. Potter. The following resolution was adopted and will be sent to headquarters at Washington, D. C.

BE IT RESOLVED, that this Society deeply deplore the continued action of the Allopathic School of Medicine for a public health bureau as a part of the general government, as set forth in the Owen's Bill No. 1. No other school of medicine is asking for any such Government aid, and only one purpose is prompting the Allopathic School; namely, political support to fool the people worse than they are doing now.

Therefore, We as a scientific Medical School enter our solemn protest.

Signed:

G. C. YOUNG, M. D.,
President.

G. E. POTTER, M. D.,
Secretary.

Adjourned to meet to call of secretary.

G. E. POTTER, Secretary.

Selections

Atropine.

Atropine sulphate is a valuable remedy, but one of power. The maximum dose is about 1-50 grain ordinarily. We do not think the dosage should exceed 1-200 grain; this may be repeated until the desired effect is obtained. Atropine flushes the peripheral capillaries and relieves internal congestions. It has a few distinct uses: Uterine or other internal hemorrhages, gastric ulcer, bronchitis and bronchial edema. Hypodermically employed it is a most valuable remedy for shock combined with morphine. We have observed great differences in the degree of tolerance to atropine in different individuals. It is better to err on the side of giving it in minimum doses rather than the other extreme. Its mydriatic effects when given to old people for bronchitis, cystitis, etc., are often very pronounced. We do not believe that this or any other potent drug should be manufactured in tablets representing the maximum dose. This is a day of small dosage anyway. Just recently a case of morphine poison came to our notice. A young lady, a nurse, had taken a one-grain tablet of morphine, thinking it a half-grain tablet. We had never before observed one-grain tablets of morphine. One-fourth grain tablets should be ample for all practical purposes.

"Medical Summary," Jan., 1912.

Book Reviews

"Practical Surgery, Diagnostic, Therapeutic and Operative." By B. Roswell Hubbard, M. D., Professor of Surgery in the California Eclectic Medical College of Los Angeles: Member of the State and National Eclectic Medical Societies, etc. With numerous illustrations. Los Angeles, Cal.: The Segnogram Press, Publishers, 1911. Cloth, \$6.00.

This book of 1300 pages, containing numerous illustrations, will prove very useful to both surgeon and practitioner. It differs from most surgeries as its sub-title describes; for it is not only diagnostic and operative surgery, but many pages are devoted to the application of therapeutics in surgical conditions. We are much pleased with the work and shall recommend it as a college text book.

"Diagnostic Methods--Chemical, Bacteriological and Microscopical." A text-book for students and practitioners. By Ralph W. Webster, M. D., Ph. D., Assistant Professor of Pharmacological Therapeutics and Instructor in Medicine in Rush Medical College, University of Chicago; Director of Chicago Clinical Laboratory. Second edition, revised and enlarged, with 37 colored plates and 164 other illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street, 1912.

The first edition of this work was reviewed at some length a year ago, and its great popularity is attested by the need of this second edition.

It is a compact, fine work for a text book and we take pleasure in recommending it to our students and practitioners.

G. W. T.

"False Modesty That Protects Vice by Ignorance." By E. B. Lowry, M. D., Author of "Confidences," "Truths," "Herself," etc. Chicago: Forbes & Co., 1912.

Dr. Lowry is the author of several books on sex-hygiene and this, like her previous volumes, is written in a plain, comprehensive manner and is free from vulgarity.

Items

Just as we go to press the announcement of the death of our dear friend and associate, Doctor Hinds, reaches us. Professor Harriet C. Hinds, after a lingering illness, died at her home, East Orange, June 5th.

Dr. Hubert Townsend Foote, a graduate of the Eclectic Medical College of New York in 1881, died at his home on May 17th, after a long illness, aged 52 years.

The 48th annual session of the Ohio Society was held at Columbus May 14th to 16th, with nearly one hundred members in attendance. President J. J. Sutter and the officers are to be congratulated upon the excellent program carried out in detail.

The 48th annual meeting of the Indiana Society was held at Indianapolis May 14th and 15th. Many interesting and instructive papers were read and discussed.

The Illinois Society met at Peoria May 1st and 3rd. There was an excellent attendance and many fine papers presented. Chicago was selected as the next meeting place and *Ellingwood's Therapist* as the official journal of the Society.

Kentucky's annual meeting was held May 21st and 22nd at Louisville. Dr. Lee Strause, Secretary, reports a good meeting.

On May 28th we received a strong letter signed by that veteran eclectic, William M. Durham of Georgia. It seems that the legislative committee of the old school is trying to give Georgia a dose of what New York has received. Dr. Durham and his associates have our best wishes.

Dr. A. Martin King, Secretary of the Alumni Association of the Eclectic Medical College of the City of New York, reports a most successful meeting of that association. Twenty-eight classes responded to the roll call, and Dr. Geo. J. Olsson was nominated as trustee to fill the vacancy caused by the resignation of Dr. Brandenburg.

The suggestion of President Boskowitz for a hundred members of the Alumni to subscribe a hundred dollars each met with enthusiastic approval. ..

Doctors Michael Chirurg of Massachusetts, W. S. Glenn of Pennsylvania and J. Yelvington Young of New Jersey were elected honorary members.

Drs. T. D. Adlerman, H. Harris and M. B. Pearlstien were elected members of the Board of Trustees.

Eclectic Medical College

239 East 14th Street

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THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. XV.

NEW YORK, JULY 15, 1912.

No. 7.

The College.

It is very gratifying to report the progress the College is making and to record the help and assistance which the Alumni are so readily giving. The Committee appointed at the last meeting of the Alumni Association to present the needs of the school to its graduates, has formed an association to be known as The Eclectic College Equipment and Research Fund Association, all contributors becoming members of this association.

The responses to their appeal, which was sent out about six weeks ago, have been more than generous, and have encouraged the Committee and the Trustees of the College, so that the work of change and repair is being rapidly pushed.

The amphitheater on the third floor, together with the partition dividing this room from the hall room have been removed, so that this entire floor will be devoted to new laboratories, and the Committee is superintending these changes and has ordered the equipment (tables, cabinets, apparatus, etc), and has the money in bank to pay for it. They are now looking for a new site and expect ultimately to present us with a new building.

The Washington Meeting.

President Stephens can feel well pleased with the meeting in Washington. It was well attended by a representative gathering, and the President's and other addresses were masterpieces and presented the cause of Eclecticism in a plain, forceful manner.

A very large number of interesting papers were read and discussed. The house of delegates disposed of a large amount of important business and recommended several resolutions, setting forth the position of the association on pertinent health questions.

Be sure and read the next Quarterly, it will contain the full report.

Hints and Winnowings.

Inquiry in regard to the cause of malaria is so frequently made of the doctor that the substance of the terse manner of presenting the facts found in Bulletin 450 of the Department of Agriculture, no doubt, will prove of general interest.

After reciting the fact that intermittent fever, remittent fever, pernicious fever, and other malarial diseases, are caused by parasites in the blood which feed upon the red blood cells, the author of the Bulletin in substance says :

These minute parasites are introduced into the blood through the proboscis of certain mosquitoes of the genus *Anopheles*. On being introduced in this way, each parasite enters one of the red blood cells, in which it lives and grows. When full grown, each parasite divides and thus produces a number of spores, which escape from the blood cell and enter fresh cells. This method of propagation may continue for years. Although only a few of the parasites may have been introduced originally through the beak of the mosquito, they rapidly increase until millions upon millions of them may exist in the blood. At first, when the number of parasites is still small, an infected person may remain apparently well. When, however, the number is large enough, he begins to suffer from fever. The parasites tend to produce their spores all at the same time, and it is at the moment when these spores escape from the blood cells, almost simultaneously, that the fever begins. The fever is probably caused by a little poison which escapes from each parasite with the spores. After from 6 to 40 hours or more, this poison is eliminated from the patient's system, and his fever tends to leave him. In the meantime, however, a new generation of parasites from the spores is approaching maturity; and when this is reached they in their turn break up and cause another attack of the fever like the first, and so on indefinitely for months and months. In this way the attacks of the fever follow each other at regular intervals. But it often happens, as the result of repeated infections, that a new attack has commenced before the former one has ceased, so that they overlap and the fever continues. After a time, even without treatment, the number of parasites may decrease until not enough of them are left to produce fever, in which case the patient improves temporarily. It generally happens, however, sooner or later, that the number of parasites increases again, and the patient again suffers from a series of attacks. Such relapses are frequently encouraged by fatigue, heat, chill, wetting, dissipation, or illness, and they may occur at intervals for a long time after the patient was first infected by the mosquito, and even after he has moved to localities where there is no malaria.

Besides fever, these malarial parasites often produce anemia and enlargement of the spleen, especially with patients who have suffered many relapses. Death is often caused in malarial patients by other diseases, such as pneumonia or dysentery, the system being already weakened by the malarial parasites. If the patient survives, the parasites tend to die out of themselves, without treatment, after a long period of illness, leaving him more or less immune.

The parasites are of at least three kinds, which can be easily dis-

tinguished in the blood if placed under the microscope. These are (1) a parasite which produces its spores every three days and causes what is called quartan fever; (2) a parasite which produces its spores every other day and causes tertian fever; (3) parasites which cause the so-called malignant fever or pernicious malaria, which is of an irregular type and in which dangerous complications most frequently occur.

The malaria parasite has several different stages. Aside from those forms which produce spores in the body, there are other stages—male and female. When one of these anopheline mosquitoes, which carries malaria, happens to feed on a patient whose blood contains parasites, these are sucked, with the blood, into the mosquito's stomach. If the sexual forms of the parasites are present, those of opposite sexes at once unite. The parasite now undergoes certain changes in the mosquito's stomach. It passes through the stomach wall and finally affixes itself to its outer surface. Here it grows very considerably and, after a week under favorable conditions, produces a large number of spores. These spores, thus entering the general body cavity of the mosquito, find their way into the salivary glands. These glands secrete the irritating fluid injected under the human skin when the mosquito begins to feed. Thus, when one of these mosquitoes, which has fed upon a malarial patient containing the sexual forms of the parasites, bites, after a week, another person, it injects these spores together with its saliva under his skin and generally into his blood. These spores now cause or may cause infection or reinfection in this second person. Thus the parasites of malaria pass from men to certain mosquitoes and back from these mosquitoes to men.

Malarial fever is then an infectious disease, which is carried from the sick to the healthy by anopheline mosquitoes, and only in this way can it be contracted.

It has always been known that malaria is most prevalent in the vicinity of marshes, and it was formerly supposed that the air or exhalations from these marshes produced the disease. Parasites of malaria have not been found in the water or air of marshes, nor in decaying vegetation, nor in the soil, although they have been diligently searched for. Attempts to produce infection by these agencies have always failed. The mosquitoes which carry these parasites, however, breed in marshes or in marshy pools and streams. Issuing from these breeding places, they enter nearby houses and feed upon the inmates, mostly at night, biting first one person and then others, and living for weeks or months. If an infected person happens to be present in any of these houses, the anopheline mosquitoes biting him will also become infected, and the disease is likely, ultimately, to be carried by these mosquitoes to others and to neighboring houses. Thus a whole neighborhood soon

becomes infected and the locality is called malarious. In such localities it is easy to find the parasites of malaria in the proper mosquitoes. Sometimes 25 per cent or more of them are found to be infected.

In malarious localities the anopheline mosquitoes bite the healthy new-born children and infect many of them. Such children if not thoroughly treated may remain infected for years. They may become anemic and possess enlarged spleens, and of course may spread the infection to others. In malarious localities almost every child has been found to contain the parasites of malaria or to possess an enlarged spleen. In such a locality, therefore, the infection is constantly passed on by means of the mosquitoes from the older children or from adults to the newly born infants, so that the locality may remain malarious for very many years, in fact indefinitely. In the same way a newcomer arriving in such a locality will very probably become infected, especially if he sleeps in an infected house, even for one night, at a time when mosquitoes are flying and biting. A locality is malarious only when it contains persons infected with the parasites, and also sufficient numbers of the proper species of mosquitoes to carry the infection to the healthy persons.

The pathology of chlorosis is not always fully differentiated from that of ordinary anemia, as is well pointed out by a writer in the American edition of *La Tribune Medicale*. The author says that anemia may perhaps predispose the patient to chlorosis, but does not cause the disease, which is a specific disease of the blood. He says it is characterized by its sudden appearance, its persistence, and its resistance to ordinary hygienic and medicinal treatment. The number of red cells is increased by the administration of iron, but so it is also by rest and feeding. All the symptoms persist, and the hematopoietic function remains in abeyance. There was no apparent alteration, however, in the spleen, liver, or medulla of the bones. The author reviews the various theories advanced in explanation of the disease from the time of Hippocrates downward; most of them ascribing the condition to an intoxication arising from a disordered menstrual function. But although menstrual irregularities commonly exist in chlorotic girls about the age of puberty, they are generally subsequent rather than antecedent to the chlorosis. It has been suggested also that although menstrual troubles may have no causal connection with chlorosis, the condition may yet be ovarian in origin. Although there is something to be said for an ovarian pathogeny, yet certain known diseases of the uterus and ovaries at puberty result only in a certain degree of anemia but not chlorosis. The author refers also to the supposed gastro-intestinal origin of the disease, and points out that in chlorotics both digestion and appetite are often remarkably good. He also dismisses the

various theories that the disease is neurotic in origin as being inadequate. Primarily, he thinks the disease lies in the blood itself. There is something in the blood which interferes with its normal reconstitution, and this, he thinks, is an organic toxin of microbic origin. The serum of a chlorotic person injected into the rabbit is generally more toxic than normal blood. It is known that certain ages are specially susceptible to certain organisms, such, for instance, as the causative organisms of infantile paralysis, osteomyelitis, or the various eruptive fevers. These may quite well be a toxin of microbic origin, which finds at the time of female puberty the necessary conditions for its elaboration and consequent pernicious effects. The frequent presence of fever in these cases favors such a theory.

It is the duty of every woman to nurse her offspring. The mother who can, but will not, nurse her child, is unfit for motherhood, for she lacks the true mother-love to which every child is clearly entitled. She may think she loves her baby, but the evidence to the contrary is very strong. At least 90 per cent. of American mothers, under judicious management, are abundantly able to furnish nature's food for their children, and doctors should make this fact very plain to their patrons. No other food is equal to mother's milk, or as likely to keep infants alive during the hot months of Summer; but when it becomes absolutely necessary to feed the baby wholly or in part on some other food, the best substitute is cow's milk, modified to suit each individual case, as found necessary by the attending physician. It is highly important that the milk used for infant's food should be clean, fresh and pure; but no matter how fresh and pure the milk may be when delivered at the baby's home, it will prove dangerous to the child unless properly cared for by the mother or nurse. This fact should be plainly and emphatically pointed out to all mothers, whether they personally care for their children or depend upon a nurse for such service. They should also be fully instructed in regard to the form and care of the nursing bottle. The bottles should be so shaped as to be easily cleaned, and after using, before milk is again placed in them, they should be boiled and then allowed to cool. The rubber nipple should be carefully washed after each nursing and then placed in a solution of boric acid, prepared by dissolving one teaspoonful of boric acid in a pint of water. It is to be rinsed thoroughly with water before using and attached directly to the neck of the bottle. Under no circumstances should a bottle with a long rubber tube attached to the nipple be used. *Insist* that the baby must be kept out of doors as much as possible. Fresh air is nearly as important as fresh food.

A French writer recently reported a newly discovered early sign of Basedow's disease. He has observed in cases of this disease, even before the goitre became of an appreciable size, that there is a characteristic change of voice; it becomes somewhat dull, loses its harmony, at the same time there is a diminution of its intensity. This sign is more frequent among women than men, it is easily distinguished by even an untrained ear; the patient may even notice it and especially those about her. They will tell you that they have noticed it for some years, even when the patient was in apparently good health. It can be noted in many aborted cases, slightly perceptible trembling, tachycardia, palpitation, peculiar facial expression, even the neck is normal in size and shape, nothing apparently compressing the recurrent laryngeal nerve, and even local laryngeal examination does not reveal anything abnormal. In order to explain this phenomenon the author holds that there is a slight neuritis due to intoxication, a neuritis which does not retard nor progress, nor involve all of the nerve by compression. Without going into details as to the various theories of Basedow's disease, he believes that this sign shows how early the intoxication of this disease manifests itself. He holds it to be the very earliest sign and has often led him to the diagnosis. He adds that of all the symptoms of exophthalmic goitre this one is the most rebellious to treatment, which is in favor of it being a neuritis.

FYFE.

Meeting of The National Eclectic Medical Association.

The forty-second annual meeting of The National Eclectic Medical Association was held at the Shoreham, Washington, D. C., June 18, 19, 20 and 21, 1912. President Stephens, of St. Louis, Mo., called the meeting to order and Rev. H. N. Couden, Chaplain of the House of Representatives offered the invocation.

Commissioner Rudolph, of the District of Columbia, welcomed the members and their friends and extended the freedom of the district. Addresses of welcome were delivered by Drs. Geo. McDonald and J. T. Sibley, Prof. Thomas responding.

President Stephens delivered a very interesting address. Addresses were delivered by Prof. Lloyd on "American Materia Medica," Prof. Thomas on "Eclecticism's Greatest Need," and Dr. F. W. Abbott on "The Physician in Court," and many other valuable essays were presented.

Wednesday afternoon was devoted to a trip to Mount Vernon and a visit to the home and tomb of General Washington.

In all the meeting was a very successful one, about three hundred and fifty were present.

The following officers were elected for the ensuing year:

President—F. L. Wilmeth, Lincoln, Neb.

1st Vice-President—C. M. Ewing, Harrisburg, Pa.

2nd Vice-President—Mary B. Morey, Smiley, Tex.

3rd Vice-President—G. B. Bristol, Middlebury, Conn.

Recording Sec'y—W. P. Best, Indianapolis, Ind.

Corresponding Sec'y, Organizer and Editor of the Quarterly—
W. N. Mundy, Forest, Ohio.

Treasurer—E. G. Sharpe, Guthrie, Okla.

Our next meeting place will be at Dallas, Texas, June 19-22,
1913. W. L. H.

Original Articles

Brief on Salvarsan.

BY GEO. W. THOMPSON, M.D.

(Read before the N. Y. County Eclectic Society.)

In presenting this paper to the society I do not want you to think for a moment that I desire to belittle any of the benefit that the human family may have derived from Salvarsan; yet I hold that all dangers and mishaps that are liable to occur should be fully explained to the patient before this drug is administered. Nor do I desire to cast any reflections upon the ability of the great chemist and investigator who introduced this remedy, although his enthusiasm at first carried many of the ablest physicians with him in the then unfounded belief that but one injection of the remedy was sufficient to cure syphilis. I rather feel somewhat of pity for the man because his early expectations were not realized; but I admire him at the same time for his readiness to modify his views and to state fairly that the remedy does not cure all forms of that dreaded disease, and to advise its use with caution in some cases, discouraging its use entirely in those cases where lesions exist. However, one feature there is connected with this drug, similar to that connected with other European discoveries; and that is commercialism. Let something new come upon the drug and remedy market—and oft-times before it is thus placed the inevitable press agent precedes it—and, presto, unscrupulous capitalists will exploit such remedy to the utter disgust of reputable physicians of all schools; capitalists, be it said, who often in their race for gain work great injury to suffering humanity by persistently creating false hopes, thus often diverting the attention of the sick from means and measures within their reach that would be productive of prolonging life, if not effecting a cure. Salvarsan is no exception to such exploitation.

Ehrlich has accomplished a great deal and contributed to the en-

lightment of the profession by the introduction of Salvarsan. The union of two powerful elements in such way as to permit their entrance into the system through the blood vessels direct, and in such quantities that either of them, injected alone in the blood current, would be fatal, is of value—as a lesson. The knowledge acquired by using the blood current as the immediate means of distribution of medicaments, has opened a wide field for investigators; and doubtless the blood vessels will be used much more freely in the future than they have been used in the past for this purpose. If nothing more had been accomplished than to show that the blood, in a great majority of cases, will tolerate admixtures to it that are entirely foreign to its composition, Ehrlich's name should be honored.

The consensus of opinion among the investigators and users of the remedy is: that it produces a moderate leukocytosis, not exceeding 30,000, and rarely showing over 17,000 white corpuscles to the C. C.; that the red cells are at first diminished, but later increased; that with these changes urobilinuria is produced and occasionally also jaundice; which may be pathologic, as will be seen later.

Blood pressure is reduced in most cases; while in some cases this occurs very rapidly, it is not considered dangerous, unless there was a pre-existing low blood pressure, when collapses may occur. A general improvement of health is seen in some cases, so much so that some writers consider the drug a powerful organotropic. In this view Ehrlich does not concur; he believes it to be a parasitotropic, basing his view upon the investigation of the normal eye of the rabbit, where, after an injection, he was unable to demonstrate the presence of the remedy; nor did he find it in the syphilitic cornea. Other investigators demonstrated the presence of arsenic through delicate biological tests with *pencillium brevicaulis*, arsenic being found in the fluids of the eye 15 minutes after an intravenous injection and demonstrable up to 17 hours afterward.

General improvement in health and gain in flesh is often seen after the administration of arsenic by mouth. The absorption of the drug per rectum is slow; testing the urin shows arsenic for several days; but the quantity thus absorbed is too small as that it should be of therapeutic value; oral absorption shows similar results. Subcutaneous injections will yield a positive arsenic test for 10 or 12 days, and, in situ or if sequestered, for months. The same holds true for intra-muscular injections; 7, and even 10 months after such injections arsenic has been demonstrated in the urin. Salvarsan has been found in the urin unchanged within 15 minutes after a venous injection.

Toxicology of Salvarsan. The consensus of opinion is that, following upon intra-muscular injections, all tissues, fat, muscular, connective tissues, vessels and nerves that come in contact with this remedy, no

matter how small the medicinal dose, invariably suffer from necrosis. The necrosed tissue may remain in situ, or it may break down and give rise to a sterile discharge, or it may be expelled in mass as a sequestrum; in these cases arsenic can be demonstrated in the urin for months. The amount of Salvarsan entering the system under this method is questionable, as it decomposes readily when thus used. Hence there is no wisdom in thus forming a depot from which the decomposed drug is distributed, as it might easily become toxic. That local peripheral nerves become involved in such local necroses, and that neighboring nerves become paralyzed is evident by the large number of cases in which developed multiple neuritis, peroneal paralysis, sciatica, severe injury to the sciatic nerves, paralysis and wasting of the lower extremities with loss of reflexes, bladder paralysis, and rectal tenesmus. (Wechselman, Schmitt, Rindfleisch, Hirsch, Taber, Fischer and others.)

The intravenous method is now adopted by most of the experimenters, as it acts quicker than any other, the arsenic appearing in the urin within less than one hour, and in some cases within 15 minutes. With proper care little injury is claimed being done to the vein at the point of injection. Yet, the danger is there, and it may be local or remote—thrombosis. The thrombus may become detached from the distended vein and then produce a pulmonary embolus and consequently death. Several such cases have been reported by Heixheimer, Allmans and Hoffman. The skin manifestations are many; among the most common are: urticaria, scarlatiniform eruptions, erythema, purpura, herpes zoster, herpes facialis and genitalis, appearing from the 3d to the 10th day; and they may be followed by more severe symptoms, as gastritis, diarrhea and conjunctivitis. The kidneys show lesions in a large percentage of cases, as high as 40% by one observer, but much lower by some others; the red cells show in the urin from the 3d to the 10th day with hyaline and granular casts; post mortem examinations show parenchymatous degenerations of the kidney and liver. Icterus developed in several cases. (Gottheil, Engman, Marchildon and others.) The brain and nerve manifestations are mental confusion, excitement, epileptiform convulsions, muscular spasms of limbs, stiffness of neck and back, coma, and death. Post mortem examinations have also revealed pachymeningitis, petechial and punctiform hemorrhages of recent origin, and encephalitic hemorrhages.

The conclusion by the majority of writers is that Salvarsan is rapidly excreted by the urin, although arsenic has been demonstrated in the blood for eight or ten days after intravenous injections. Considerable quantities are stored in the tissues; and the spleen, liver, kidneys and muscles will yield a positive arsenic test when the blood does not.

Mothers' milk, after injection of the mother with Salvarsan, shows

arsenic, and some syphilitic children improved on it, while others died. It then became a question whether the improvement was due to the arsenic excreted or to antitoxins in the milk. In cases where arsenic was not found in the milk, but where nevertheless there was improvement, it was conjectured that this depended upon an endotoxin being liberated from the destruction of the spirochoetae in the syphilitic mother with the subsequent production of antibodies which were eliminated in part by the milk (Tage and Dubot). It has been pointed out that children fed upon the milk of mothers who have been injected would get a double dose of endotoxin, one from the mother and the other formed in the child from the destruction of the spirochoetae, since it is just as likely that the endotoxin is eliminated as the antibodies. In proof of the latter conclusion, many cases of children have shown marked skin lesions (Jesionek). A large number of deaths of children have followed the injection of the mother with Salvarsan, and many of those that survived have suffered relapses. Milk of healthy goats that were injected with Salvarsan has proven beneficial to children.

The effect upon the nerves has been so great that many believe the drug has a detrimental action. Ehrlich contends that, where spirochoetae are numerous (as they are in many organs of the body), the injury to nerves and the cause of the disastrous effect in the syphilitic insane and other nervous diseases is due to the endotoxins.

Most of the writers have noticed that a number of cases—2 to 5%—show nerve lesions shortly after the use of the remedy; some thought it was a special toxic action; but Ehrlich put forward the explanation that ascribes this action to incomplete sterilization whereby certain avascular tissues escaped. The subsequent proliferation of the surviving spirochoetae induced relapses. He places the lesions in the nerve trunk, while most of the writers claim it is a central lesion; they report a great number of cases that show no nerve lesion until after an injection, also that relapses after treatment often return in the form of nerve manifestations; several hundred cases have been so reported. But here Ehrlich recommends that further treatment should be given with mercury, as in all cases of severe central nerve lesions.

DEATHS—A large number of deaths have been reported, some following cerebral symptoms such as epileptiform convulsions, marked rigidity of the neck and spinal muscles, and paralysis, by Fischer, Kanningeser, Almkvist and others.

A large number of deaths have been reported from cardiac and pulmonary inflammation where advanced nerve lesions existed; so many cases, in fact, that Ehrlich counsels the inadvisability of using the remedy in advanced nerve lesions or in paralysis. In cardio-arterial degeneration seven cases of death are reported by one physician alone.

Several deaths have occurred in cases of babes; and the post mortem examinations showed parenchymatous degeneration of the liver and kidneys (Weber, Trupel Westphal and others).

Salvarsan given either through the mother's milk or direct to infants suffering from inherited syphilis has been very fatal in the hands of Kalb, who treated two; both died; Morehalks lost two in five and ten days; Slavin lost four out of six, and the two survivors suffered relapses.

In conclusion let me summarize about this remedy Salvarsan:

Its action is like arsenic and mercury; it acts quicker than these, due to the method of administration;

It requires more than one treatment to attain a negative Wasserman reaction;

Relapses occur after several injections;

Not sufficient time has elapsed to ascertain whether it will effect a cure even after many injections;

The cases treated with this remedy require further treatment by alteratives to obtain results, and this is recommended by Ehrlich himself;

At best, cases must be carefully selected to be fit for treatment by this remedy;

It causes death through lesions to nerve centers;

It cripples patients through injuries to nerves and atrophy of muscles;

A large percentage of children die who are nursed by mothers that had been injected;

It destroys life through cardiac and vascular degeneration and sclerosis;

It causes thrombosis, embolism, pulmonic infarction, pneumonia, meningitis, apoplexy, nephritis, degeneration of the liver, gastritis, enteritis, conjunctivitis, tissue necrosis, and innumerable skin diseases.

With these *facts as presented by the friends of the remedy*, how long will any unbiased authorities permit the use of the article by the public, or allow a sect or a physician to use a remedy that maims and kills as this drug does, be it under the guise of a food or a medicine—how long, may I ask you?

How long would it be before *we* would be ridiculed by public and profession, and deservedly so, if we were to use a remedy giving results that are acknowledged to be so fatal? New York City.

From the Viewpoint of an Old Practitioner.

BY ELIAS WILDMAN, M.D.

We are living in an age of rush; everything must go in a hurry. If a physician does not get quick action from his drugs, his next thought is a surgical operation. Now often the fault is with the physician, does he give the proper drug, in the proper quantity? When the functions

of life are reduced to a low state, we must coax nature gradually till we regain the vital force. Yet many physicians start in with massive doses and attempt to drive nature's forces. What could we expect if we made an attempt to drive a broken down piece of machinery? There would surely be a sad state of affairs, and so it is with the human machinery. The ideas of our noted men of the past on therapeutics are ignored. They are marked as has been. The styles in clothes, shoes, hats, etc., change, and the idea is one must keep up with the style. 'Tis so in therapeutics. Many doctors use newer remedies they know nothing about and forsake the old reliables. It is better to have a few medicines in the hand case and know how to use them, at the right time, than to have a store filled and depend entirely on changeable theories.

I believe in progression; but not at the expense of human life and increased suffering. It is the duty of every physician to alleviate suffering and not to experiment on his patient and collect fees for so doing. Such is a rascally game.

Years ago (some 30 years) I as a young man started out in the medical work and had a craze for using the knife. I then practiced in the coal regions of Pennsylvania and was known as a surgeon. But as years glided by, I had my eyes opened to the unnecessary risks of human life and mental and physical suffering produced by such a method; gradually the knife and other surgical instruments were cast aside. Now I am the last doctor to advise a patient to submit to a surgical operation.

Many of my friends, victims of scientific cutting and tearing, are under the sod: Drugs could not have been worse in their action. It seems now so many physicians give medicines in a reckless, thoughtless manner and if immediate success does not greet their efforts they suggest a surgical operation and endanger the patient's life.

Is the practice of medicine of the future to be pursued by conscientious men? Or by a set of mad fanatics who have no respect for human life in their efforts to gain some point in science? 'Tis easy for a noted surgeon to perform a surgical operation, patient dies, assistant writes out death certificate and the scene closes. But are we as men of honor to be guided by such work. A true physician is a God's blessing to all whom he meets. But an egotistical fanatic is a curse and a creator of pain and distress, yet he may be a legal practitioner.

I am not one who would experiment on patients and create unnecessary suffering merely to gratify some idea in my study of disease. My life's work has been to reduce suffering. Yet every day I meet so-called noted men that the laws allow to practice medicine, who should really be placed under some restraining influence. Doctors who have no respect for human life or suffering, so they gain a point in their experiments.

Our State Boards of Medical Examiners frame up a set of questions for candidates: If that same State Board would come before us for examination, we could easily select questions which would throw them all down in the scrap heap. The power given them by political scheming is against the Constitution of the United States and all just laws.

The physician most successful is not always the doctor with a head full of fancy theories, but the practical man. If we consider the doctor full of egotism in a large city, take this man, place him out in the country away from all the surgical supplies, etc., and let him attend serious cases. Then observe results. Will he do any better than the country doctor that he ignored in the past as a know-nothing—not up to date, etc. There is too much thoughtless condemnation cast on the members of the medical profession by their own brethren. The old school has been a school of power through politics; they have stolen the honors due the eclectic and homeopathic investigators in therapeutics. When an eclectic discovered a new resinoid or other remedy, it was first condemned and ridiculed; but after awhile they accepted it. See past editions of the United States Dispensary for 30 years back. If honor is in a man, it should come out, regardless of his occupation in this life. And among professional men we really expect a little more than in some others.

Let us each strike to work so as to do our duty to our God and our fellow man, with a conscience clear in knowing we have done all to alleviate suffering, mental and physical, and not been crazed by the mad rush to experiment and do more harm than good in our professional life.

Haddon Heights, New Jersey.

The Symptoms of Cerebral Hemorrhage.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

(Read at the April meeting of the Brooklyn Therapeutic Society.)

For a better understanding of the subject we shall for clinical purposes divide the symptoms into those of the attack and the stage following the shock, and if the patient does not die, into the succeeding chronic state. The initial symptoms which introduce cerebral apoplexy can be considered a disturbance of the entire brain function.

The prodromal symptoms are rare excepting in those cases which are due to syphilis; the patient may complain for a few days prior to attack, of some numbness in hands or feet, poor memory, finitus aurium, spots before the eyes, some vertigo and a lasting, persistent headache. The symptoms can last for months, even years, are often overlooked by the family doctor until the real

attack comes on. Most of the prodromata are purely symptomatic of the arterial condition of the patient.

The attack itself is always sudden and with the rupture of the vessel comes the apoplectic stroke or shock and the patient drops unconscious on the ground as if he had been struck down by something; he becomes deeply comatose. The attack may be accompanied with either convulsions and coma, or coma alone, or in some cases consciousness may be preserved.

The face of the patient flushes at first, then assumes an ashen gray color, it becomes dusky. The pulse is small, then becomes full, slow and of an increased tension; the breathing is noisy and cheeks are blown out with each expiration and drawn in with each inspiration. The Cheyne-Stokes respiration has been observed in quite a few cases.

The half open eyes show sluggish, inactive and contracted pupils. The conjunctiva is congested and insensible and the palpebral reflex is lost. The eyeballs are often fixed to the paralyzed side. In some few cases, one of the pupils on the side of the lesion is larger and more dilated than the other. In pons lesions both pupils are always contracted. In most cases it can be assumed that the lesion is on the side to which both eyes are turned.

The limbs are relaxed, those on the paralyzed side being more so than those of the unparalyzed side. While there may be some twitchings of the muscles, or even slight convulsions, they soon cease and the usual characteristic flaccidity and loss of muscular control is found. If raised from the bed the paralyzed extremities will drop flail-like. In contrast to this in some cases we can see tonic rigidity in the extremities on side opposite to the hemorrhage. This is especially so if there is escaping of blood into a lateral ventricle.

Real convulsions are rare in cerebral hemorrhage and when present simply show hemorrhage from a cortical artery.

In cases where the hemorrhage is severe, the temperature is subnormal for a few hours, then it will rise and the temperature on the paralyzed will be found to be one or two degrees higher than on the other side. When the hemorrhage is of the base of the brain the temperature is always high. In fatal cases the temperature is often depressed till death. The warmer paralyzed side also shows an increased perspiration as compared with the other side and is also more red and more congested than the other.

The urine may be retained or with the feces, evacuated involuntarily.

In some cases where the disease does not terminate fatally in 24 hours or in 48 hours, the breathing becomes less labored, the

coma seems to pass away and the patient gradually regains consciousness, the patient is somewhat mentally confused, the speech is thick and indistinct, paralysis is found in the arm, leg and lower part of face, there may be some aphasia, and some anesthesia; hemiplegia is found in most cases, and when the tongue is protruded it always goes to the affected side.

While the tendon reflexes are always abolished in the early stages, they are later increased on the affected side. The toe sign of Babinski always develops on the affected side and persists till the end. The skin reflexes are mostly diminished on the paralyzed side. The chronic stage begins at the end of three or four weeks if the symptoms of cerebral irritation have gone. By this time the paralysis of face and tongue have either become improved or are entirely gone. In the same time some power of movement has returned to the arm and leg. This improvement will first be found in the leg. There remains difficulty in swallowing and saliva may dribble from the mouth. The sensory symptoms have also disappeared.

A few words in regard to the sensory disturbances will not be out of place. Most frequently we will encounter hemianesthesia, hemionopsia, both may be persistent immediately after the stroke and pass away later. In the posterior part of the capsule is involved, hemianesthesia will not be found. Slight paraesthesia may be complained of on the affected side.

Mental symptoms as well as vasomotor disturbances, are found in quite a few cases, such as cyanosis, sweating, or the patient is emotional and unstable—memory poor and in a very few cases a complete dementia may develop. Even in the most favorable cases you will find the mind is never as strong as before the attack. Lack of emotional control is found in great many cases after an attack and as the time rolls by the patient grows dull and forgetful. In the average case at the end of a few weeks the patient will be able to walk about with the assistance of crutches or cane. The progression is typical—the so-called hemiplegic gait is present.

CLINICAL SYMPTOMS.

In gravescent apoplexy in which there is no loss of consciousness, the patient has sudden vertigo, headache, vomiting. Hemiplegia and hemianesthesia set in in about 24 hours, the patient becomes comatose slowly and death follows in about three days.

Hemorrhage into the crus will cause the characteristic symptoms of paralysis of the side opposite to the lesion; and of the third nerve, on the same side.

Hemorrhage into the pons is accompanied with loss of consciousness, with spasmodic movements of the limbs, marked con-

traction of the pupils, slow respiration and a high temperature. The facial and ocular muscles and those of swallowing are involved and there is unilateral paralysis of motion and sensation.

Hemorrhage in the cerebellum is hard to recognize. There may be some headache, or the patient falls into a coma suddenly. Vomiting is frequent and persistent. If hemiplegia occurs it is on the side of the lesion, if pressure is made on the medulla. Respiration and swallowing are much affected. Death usually follows.

Items From the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

According to de Sanctis we have a new condition, which he terms "epileptoidism." He describes it (in Rivist. Ospedal.) as a state in which there is found a continual change of feelings in a hostile direction; nervous hyperexcitability, rapid and explosive reactions, accompanied by anger, and not followed by somnolence, anmesia, involuntary micturition, refractoriness to work, either physical or mental. There is poor sleep, slight functional motor alterations, spasm retarded righthandedness, some mental insufficiency and criminal tendencies, as well as dipsomania. Why this condition should have been named "epileptoidism" is something we cannot understand. We have encountered quite a few of similar cases—which have cleared up very nicely in time, and in which we could not see any connection with epilepsy. By the way, bromides in these cases give positively negative results.

In quite a few cases, it is more than difficult to draw a line between insanity and sanity. We can claim that a person is insane who by some mental defect or through some mental disorder does not think, feel or act in conformity with customs of the society in which he lives. But here arises an interesting point: "Most of us, sane (?) persons here in our Society, would be considered insane in other societies, in other countries"—if the above is taken literally. If we should raise our standard of sanity—we increase the number of the insane.

In the Jour. of Am. Med. Ass., A. W. Rogers reports a case of excessive use of Trional and Sulphonal by a man aged 39, suffering from neurasthenia and insomnia. The symptoms were profound exhaustion of body and mind, constipation, nausea, vomiting and quite some abdominal pain. The urine was scanty and presented the appearance of free blood. The symptoms grew worse and patient died from exhaustion about 25 days after symptoms were first noticed. This patient has been taking daily about 12 grains of sulphonal for five weeks and an occasional 15-grain dose of Trional.

Benillon divides all human instincts into four orders: instincts of nutrition, of conservation, of sociability and of reproduction. All mental diseases result from derangements of these instincts. If one of these instincts is disarranged—a loss of mental equilibrium follows. Any obstacle to the satisfaction of any of these instincts produces some effect on the intelligence and sensibility. Any individual, satisfying these instincts in an abnormal way, shows a psychopathic influence in himself. Abnormalities in reproduction cause erotomania, heterosexual jealousy or homosexual degradation. Among neuropaths, no matter how serious be their functional troubles, the instinctive dispositions preserve their normal tendencies. There are no alterations or perversions of instincts in them, and that is where psychopaths and neuropaths differ.

From *La Semaine Médical* we learn of the recent use of magnesium sulphate injections in the treatment of chorea. Injections of 2 c. c. of a 25 per cent solution are introduced into the spinal canal. Some hours after the injection the choreic movements disappear entirely in the lower limbs, and often in the upper extremities. The movements of the face also become less marked. Great care is required in the preparation and in the injection of the substance.

Patients suffering from melancholia always lose weight. The effect upon the digestive system is well marked in many cases of melancholia, and the question often arises, Is the melancholia affected by the digestive disturbances, or is digestion affected by melancholia?

The gait in hemiplegia is very peculiar and most characteristic. The entire side of the body seems to move together, the body being stiff, the shoulder seems to incline towards the weaker side, the arm being carried in an adducted flexed position, the leg being drawn forward with very little bending of the knee and ankle. The foot is often turned and scraped along the floor on its outer side.

In the treatment of emissions, spermatorrhea and prostaticorrhea, as well as in impotencia colundi, massage plays an important part. The manipulations affect the genital apparatus and its annexa, as well as the spinal cord, by way of reflexes and radiation, the skin of the body, muscles, the blood and lymph vessels, and by stimulating conceptions in the cerebral centres.

Melancholia justifies a more favorable prognosis than other forms of insanity. Recoveries occur even after very long periods even in the most intense forms of this disorder. Death in the acute forms is rare unless from some bodily disease.

Influenza may cause genuine insanity. As a rule the mental symptoms following influenza are of the melancholic type, and in some few instances, the febrile stage may pass from delirium to acute delirious mania. The melancholia is mostly simple, that is, without delusions, although the depth of despair may lead to suicide.

Trauma and shock experienced in railway accidents are very often the starting point of a neurasthenia. Excess of mental work, unfortunate love affairs, the death of some well loved friend or relative (mother-in-law?) will often usher in a most profound nervous exhaustion. But even in all these cases we can easily trace some hereditary basis, which seems to influence the particular individual.

A form of paranoia following hysteria is described by Kraft Ebing, but it is certainly very rare, and its existence is often denied by such men as Krapelin and others. We have encountered one such case (as we thought) but it turned out to be a pure paranoia with a hysterical tendency.

910 St. Johns Place, Brooklyn.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

A Brief Re-Study of Wooster Beach's Remedies.

NO. VI.—BAPTISIA TINCTORIA.

This small perennial shrub possesses energetic tonic, stimulant and alterative properties of great usefulness, as well as an antiseptic power which often proves of much value.

In all low states of the system in which there is a tendency to a typhoid or septic condition, when specifically indicated and administered in small or medium doses, baptisia is one of our most urgently needed remedial agents. Strictly speaking, it is not a chemical antiseptic, but in the living human being it has the power to arrest the progress of certain destructive diseases, and greatly favors the restoration of healthy conditions. Baptisia is a powerful vital stimulant, preservative and restorative in states in which there is great loss of vital power. It improves the circulation in weak and apparently dying parts, and at the same time exerts a decidedly beneficial influence upon the tissues involved. The cellular, muscular and nerve tissue, and the blood, are all restored to functional activity by its invigorating action.

Beach and his associates employed baptisia in "inflammatory affections bordering on gangrene, syphilitic ulcers, malignant ulcerations, sore mouth, sore nipples and chronic sore eyes." It formed the basis of one of Beach's salves.

Indications for baptisia are frequently seen in continued, intermittent and remittent fevers, scarlet fever, diarrhea, dysentery, and in many other abnormal conditions. Among the most prominent of these indications, the following are perhaps the most frequently seen: Dusky coloration of the tongue and mucous membranes; full and purplish face, resembling that of one who had been long exposed to severe cold; in typhoid conditions when there is a constant moist, pasty coating on a tongue of natural redness; slick tongue, looking much like raw beef; stools looking like prune juice or meat washings: dark, tar-like, fetid discharges from the bowels, mixed with decomposed blood; putrid secretions: livid or blanched mucous membranes.

The dose of specific baptisia (or a good fluid extract) is from 5 to 10 drops, but it may be efficiently employed as follows: R Baptisia, gtt. v to xx; water, $\mathfrak{z}$ iv. Teaspoonful every hour or two.

Dysentery and Four of the Remedies Used in Its Treatment.

Dysentery presents a variety of symptoms, depending upon the form of the disease and the amount of the bowel involved; also whether sporadic or epidemic. There is one group of symptoms, however, that is common to every form and may be said to be characteristic; viz., pain, tenesmus and frequent, small, bloody, mucous stools. Acute catarrhal dysentery, the form most frequently found in temperate climates, is very properly divided into sporadic and epidemic. The sporadic form, usually the milder, may be preceded for a few days by evidence of dyspepsia, with more or less uneasiness and pain in the abdomen. Diarrhea is usually the earliest symptom, and may continue for twenty-four or forty-eight hours before the true dysenteric discharges are present. These begin by a frequent desire to go to stool, attended by colicky pain and tenesmus. The stools now are small, contain but little feculent matter, and consist of a jelly-like mass of mucous, with an admixture of more or less blood. There is a sensation as though the rectum is loaded and must be emptied. There is great pain preceding and following each stool, with a peculiar burning sensation in the rectum. There is some fever, though generally not of an active character. The tongue is furred, and great thirst is experienced, the gratification of which increases the irritation already existing, and aggravates the patient's suffering. Unless early overcome, the disease grows severer each day, the face takes on an anxious and pinched expression, and the disease assumes the character of the epidemic form. The latter is usually the more severe in character, and truly a grave

disease. Dysentery is one of the most readily recognized of diseases of like severity. The frequent call to stool, the great tormina and tenesmus, the character of the stools, jelly-like mucus mixed with blood, or the stool may be entirely of blood, the intense thirst and systemic disturbance, cannot be mistaken for any other condition. The inexperienced might possibly mistake a proctitis or hemorrhoids, fissure, stricture, or sympathetic irritation from the bladder for dysentery; but if one remembers the far greater systemic disturbance of dysentery, the mistake will be avoided.—*Thomas' Practice*.

ACONITE AND IPECAC.

In the inflammatory stage of dysentery minute doses of ipecac and aconite exercise a specific effect when the causes of the disease are removed and intestinal sepsis secured.—*Ellingwood's Materia Medica*. Ipecac and aconite, in small doses, are many times the only needed medication in dysentery.—*Fyfe's Materia Medica*. In the mild form of dysentery, my practice resolves itself into the administration of aconite and ipecac in the usual small doses.—*Mundy's Diseases of Children*. In sporadic dysentery the treatment is aconite and ipecac in small doses. Aconite quiets the fever, and the ipecac relieves the intestinal irritation.—*Thomas' Practice*.

MAGNESIUM SULPHATE.

In the treatment of dysentery, given in small doses, magnesium sulphate is an efficient remedy. It apparently has a soothing, instead of an irritating effect, as have most cathartics in this disease.—*Ellingwood's Materia Medica*. Small doses of magnesium sulphate are used in dysentery with gratifying results.—*Fyfe's Specific Diagnosis and Medication*. Magnesium sulphate is one of the very best remedies for dysentery. Give it in large or small doses as indicated. If the patient has been constipated, give it in full doses with a little ipecac, but in dysentery following diarrhea give it in small doses.—*Locke and Felter's Materia Medica*. In dysentery where the tongue is red and elongated, give magnesium sulphate, one drachm to four ounces of water. A teaspoonful every hour will give quick results.—*Thomas' Practice*.

SUBNITRATE OF BISMUTH.

The influence of subnitrate of bismuth extends to the intestinal mucous surface, where it materially assists in controlling the disease through the astringent properties of the bismuth.—*Ellingwood's Materia Medica*. In dysentery subnitrate of bismuth is a superior remedial agent. In this disease it may be combined with the sulphate of magnesium.—*Fyfe's Specific Diagnosis and Medication*. In dysentery, if the tongue is moist and red, with an irritable stomach, the subnitrate of bismuth should be used.—*Thomas' Practice*.

Therapeutic Ignorance.

It is seldom that one sees a more sincere or more lamentable confession of therapeutic ignorance than is contained in the following abstract taken from an old school journal:

"A few drugs have been proved of real physiological value and still retain the confidence of the therapist, but their number is gradually being lessened as they are submitted to more severe scientific experimentation. * * * Many modern candidates in favor as therapeutic agents have failed to fulfill expectations; *e. g.*, allyl-sulpho-carbamid or thiosinamine, a reputed solvent of newly formed connective tissue, is now found to be more harmful than useful. Chromium sulphate, recently vaunted for the treatment of prostatitis and a variety of diseases, has signally failed to perform these expectations. Ehrlich's famous 606th experiment, di-oxy-diamido-arsenobenzol, owing to the great authority of this investigator, has had perhaps the greatest and most rapid entry into general practice of any drug brought to the notice of the medical profession, and while it is still very largely used to cause the cutaneous lesions of syphilis to disappear, it is now becoming recognized that it is rarely, if ever, a cure. While it may kill great numbers of treponema, they are kept in abeyance only for a time. After a variable period the secondary lesions of syphilis break out again and the classic mercurial treatment must be resorted to. In our experience, this almost invariably occurs even after repeated intravenous injections. Great things were expected from Wright's work on the introduction of dead organisms into diseased patients, yet the interest in opsonins seems to be passing away, and while sera seemed at one time to offer efficient means for the treatment of all infectious diseases, with the exception of the antitoxin of diphtheria, little confidence can yet be placed in those introduced for human use. Vaccines have been tried for acting upon the leucocytes and aiding in the destruction of the invading micro-organisms, but stock vaccines have proved of little value, while autogenous ones were efficacious, thus demonstrating the clinical differentiation of organisms. This throws light upon the difficulty in producing sera for various infections. The question of acquired immunity is complicated by the new discovery of anaphylaxis, and it must be admitted that while we have much to hope for in the future, we have not yet any easy short-cut to cure patients."

Truly, brother, your school is sadly ignorant of therapeutics, and has suffered much at the hands of fakirs. Why not join the Eclectics while you are young enough to learn something of drug action and the art of curing the sick? The latch-string is always on the outside.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Dallas, Texas, in June, 1913. F. L. Wilmeth, M. D., president; W. P. Best, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1913. G. J. Olsson, M. D., president; G. R. Thompson, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. H. Harris, M. D., president; M. B. MacDermott, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. John Birkenhauer, M. D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M. D., president; A. B. Wolf, M. D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M. D., secretary.

Expressions of Protest Adopted by the California Eclectic Medical Society, During Their 39th Annual Convention, Held at San Francisco, May 28th, 29th and 30th, 1912.

The following expressions of sentiment were unaimously adopted by the California Eclectic Medical Society in regard to State and National health and medical legislation, and definitely state the sentiment of its members as men and women, as patriotic citizens and intelligent voters and taxpayers of California and this great United States, and as liberal physicians and progressive scientists of mature age and thought.

1st. That we are ever and always in favor of preventive medicine in the form of proper sanitation, hygiene and quarantine, and constantly work for the effective enforcement of all such measures.

2nd. That we believe in all things that will tend to conserve and preserve public health, that will tend to uplift humanity, and that will relieve sickness and suffering.

But we are unalterably opposed to:

1st. Any efforts to restrict individual liberty (and by liberty we do not mean license) which we feel would surely be the case if such bills as the Owens Bill, the Smoot Alternative Bill, etc., became federal laws, or if such state legislation as was recently introduced in New Jersey by Mr. Groves, and luckily defeated, became state law, and

2nd. We are positively against any measure that tends to take from the individual the choice of his physician or his choice of treat-

ment in sickness and suffering, and by so restricting his medical choice tends toward the establishment of state medicine, which we deem just as obnoxious as state religion, and perhaps more harmful, and

3rd. We look upon all such legislation as unconstitutional, un-American, and unnecessary, and therefore we abhor all such efforts, consider them autocratic and illegal, and by these writings raise our voice against them, and determine to in every way antagonize them, and

FURTHER, we wish it to be known to the world that we believe absolutely and have faith in the National League for Medical Freedom, endorse every effort made by that organization in its battle for medical liberty, and tender to them both our organized and individual support, and

FURTHER, we believe these sentiments should be made known to our law makers—both State, National and Municipal—that they may become fully acquainted with the will of the organized representatives of over three hundred regularly trained, educated and licensed Eclectic Doctors of Medicine of California, and law-abiding, honest, upright and earnest citizens and voters of this great country, and for this purpose the Secretary of the California Eclectic Medical Society is hereby instructed to have copies of these sentiments, which have been unanimously endorsed and approved by this Society in open session convened this 30th day of May, 1912, sent to our President, our Governor, and all our Legislators, whether State, National or Municipal, that they may fully understand our attitude on all such matters.

J. FRASER BARBRICK, M.D., Chairman,

J. B. MITCHELL, M.D.,

H. FORD SCUDDER, M.D.

Committee.

Selections

THE NEW CELL PROLIFERANT.

A Note on the *Symphytum Officinale* or Common Comfrey.

BY WILLIAM BRAMWELL, M.A., M.D., B.CH., LIVERPOOL.

An interesting question was raised at a recent meeting of the Liverpool Medical Institution, when Dr. Macalister introduced the subject of a long-forgotten remedy—the "*Symphytum officinale*" or common comfrey—which once held a prominent place in the medical armament of the older writers. Dr. Macalister has wisely had this

singularly efficacious remedy analyzed, and Dr. Titherley and Mr. Coppin (of the chemical department of the Liverpool University) have discovered that the root is rich in allantoin, which they found to be a "potent cell proliferant." I have on more than one occasion cured old ulcers, which has resisted other treatment, by the simple extract from the root applied on lint to saturation. After a few hours this dressing, in favorable cases, sets quite hard, and can only be removed by the lengthy application of water, which is often more tedious and painful than the average patient, who has been in the habit of applying some simple dressing, cares to endure. This hard setting acts, in some measure, like strapping, drawing the edges of the ulcer towards one another, but probably much more evenly and accurately than the most skilful strapping could effect. This looks as though the cure is wrought similarly to healing under a scab.

One patient, an old gentleman of gouty diathesis, who will not diet or take medicine, finds the nightly application of the mucilage of symphytum the only remedy of the many he has tried which gives him any relief for pruritus ani. His sufferings at one time were so intense that he says he could not sleep for weeks together.

I judge the explanation of its efficacy in this case to be very simple. When the mucilage is taken into the mouth there is a sense of dryness, due to some astringent principle, probably tannin; at the same time, if the air be drawn in, there is a sensation of coldness and numbness much like that felt after peppermint, though in a lesser degree, but without the previous burning sensation, and hence it is slightly anæsthetic. In pruritus ani these two principles, acting together, the one driving back the acid-laden blood, the other soothing the irritated nerve endings, will, I think, account for the relief which is felt in this troublesome complaint.

Acting on this principle, I have frequently used it internally as a last resource where more elegant preparations have failed—for example, in gastralgia, when I have believed this to be due to an irritated gastric mucosa, and to ease the pain of and to cure gastric ulcer. In these cases its efficacy has been much more wonderful than its effects in external applications in cases like the above; and here, too, its cell-proliferating capabilities, which Dr. Macalister's colleagues have discovered, will be a large factor in promoting the growth of new mucous tissue over the irritated and congested surface of gastric ulcer.

It is indeed refreshing and gratifying, in these days of serums and vaccines and highly complicated preparations, the administration of which in some cases is fraught with the gravest possible danger and soul-harrowing anxiety on the part of the administrator, to find a

physician of Dr. Macalister's standing setting on foot the investigation of so simple and natural a remedy as common comfrey.—"The British Medical Journal," January 6th, 1912.

COMMENT.—The above is good reading, coming from the pen of an orthodox doctor of the eminence of Dr. Bramwell, because there is a heavy indictment against the medical profession for their neglect of the "investigation of simple and natural remedies such as common comfrey," and, in fact, almost the whole of the herbial materia medica which herbalists in this country, America, and on the Continent employ. Indeed, it may safely be said that had it not been for the herbalists during the past 500 years (since minerals were introduced into the realm of medicine) the knowledge of the healing virtues of the herbal kingdom would long ago have been entirely lost. All the credit, then, is due to herbalists. There would have been no materia medica or natural therapeutics in the world to-day if herbalists in practice had not kept it alive. Orthodox doctordom, which poses as the guardian of the public health, has been experimenting at the expense of the health of the people in the administration of minerals, poisonous drugs, and disease vaccines and serums of the dangerous character admitted in the last clause of this article. And what is to be the herbalist's reward for preserving this knowledge of natural therapeutics, while allopathic doctors have neglected them so long that they now find no place (with few exceptions) in the British Pharmacopea? A curious state of things exists. Mineral drugging having proved a failure, these same doctors, without the means to cure, are now demanding a complete monopoly of the treatment of the people when sick. Actually this is the state of things medically to-day. There are terrible risks in the administration of either minerals or vaccines, and they, in their ignorance of medicine, would make people believe there is nothing better because they have not got it. Thank God there is, and natural medication. will yet come to its own, either by the herbalists becoming officially recognized by the powers that be or by the appropriation of the herbalists' remedies by the medical profession, when, of course, herbalists would not get the credit for them. They will most likely be introduced as new discoveries, and the credit claimed accordingly, while their cult has been poisoning the human race wholesale, and thus brought about the present physical degeneracy. It must not be thought, however, that we desire to adopt a merely self-glorifying attitude. We should, in fact, like to see the medical profession take up herbal remedies. We see no reason why those doctors in the profession (such as Dr. Bramwell and others) who believe in and practice herbal medication, should not band themselves together in

the form of a "Herbal Medical Society" for the purpose of promoting the cause of herbalism within the ranks of the regular profession. If they did, we venture to think that they would be the pioneers of a reformation which would some day rank as one of the most momentous in medical history. Some may think I am writing too caustically, so I will let one of their own class speak. Professor George Gregory, in his book, "The Theory and Practice of Medicine," page 219, makes the following confession: "The science of medicine has been cultivated for more than 2000 years. The most devoted industry and the greatest talents have been exercised upon it, and though there have been great improvements, and there is much to be remembered, *yet upon no subject has the wild spirit of fancy and the eccentric dispositions of the imagination been more widely displayed.*

"Men of extensive fame glory in *pretending* to see deeper into the recesses of nature than nature herself intended; *they invent hypothesis*; they build theories *and distort facts to suit their aerial creations.*" Now, is it possible to formulate a graver indictment against his medical brethren than this? I think not. Therefore, as herbalists and patriots, we welcome these isolated researches into natural medication by members of the medical profession, and think the article on Comfrey written by our late editor, Mr. Simmons, would be useful to publish in the "Herb Doctor." Most herbalists, if not all, will have had successful experience with Comfrey in many forms of disease. As food I have known the roots boiled in milk given for consumption when there has been bleeding, and it is a common practice for some farmers to grow it in their fields in order that the cows may get it, as it improves the quality of the milk. As a pain reliever in fomentations it has few equals. I have used it extensively to relieve pain both internally and externally; and found it useful in whites combined with a little cinnamon; and in some cases of paralysis it has proved good in combination with prickly ash bark.

"The Herb Doctor."

—W. H. Webb.

The Hay-Fever Riddle.

Despite the many therapeutic advances of recent years, "what to do for the hay-fever patient" continues to be something of a puzzle. The long-sought specific still eludes us. Nevertheless, the malady is not quite the enigma that it once was. Medication, if still empiric, is not ineffective. The symptoms of the disorder can be controlled or minimized; relief, though temporary in many cases, may be obtained; and for these blessings the afflicted patient and the sympathetic physician may well be thankful.

For use in the treatment of hay-fever there is, of course, a long line of so-called available medicaments. One dependable agent which comes naturally to mind in this connection is Adrenalin. Indeed, it is doubtful if any other single medicinal substance has been so largely and successfully employed in the treatment of vasomotor rhinitis. As adapted to the needs of the hay-fever sufferer, the product is available in a number of convenient forms, as Adrenalin Chloride Solution, Adrenalin Inhalant, Anesthone Cream, Anesthone Inhalant, Anesthone Tape, etc. The various solutions are used in spraying the nares and pharynx, the cream for snuffing into the nostrils. The tape for packing the nostrils. All cases of hay fever, of course, are not amenable to the same form of treatment. It is a logical presumption, however, that a vast majority of them ought to yield to one or more of the preparations above referred to. The Adrenalin products, as is well known to most physicians, are manufactured by Parke, Davis & Co., who will doubtless be glad to send literature regarding them to any practitioner. Requests for printed matter may be addressed to the company at its main offices and laboratories in Detroit, Mich.

Why Digitalis Sometimes Fails.

The failure of digitalis at a critical moment is a serious matter to patient and physician, and there are few drugs which must needs be more potent and stable. Dr. T. C. Janeway says the cases of failure of this drug (*Am. Jour. Med. Sci.*, June, 1908) are due to five causes:

- (1) The use of inefficient preparations.
- (2) Use in unsuitable cases.
- (3) Improper dosage.
- (4) Improper methods of administration.
- (5) Neglect of other necessary therapeutic measures.

Dr. L. F. Bishop (*Med. Rec.*, Dec. 16, 1905) reports that "digitalis is proverbially one of the hardest drugs to handle. Its effects vary much in different individuals. It should be given until there is an evidence of its physiological effect."

Improper dosage and cumulation are causes of worry and compel the physician often times to abandon the use of this excellent drug. The virtues of this product have been retained in Digalen.

Dr. L. V. Ketly, of the Royal Hungarian University, says: "In comparison with the galenic digitalis preparations Digalen has the following advantages:

- "1. It is always of constant composition and effect;
- "2. It acts far more rapidly;
- "3. It has no cumulative effect;
- "4. It admits of exact dosage;

"5. It does not give rise to any irritation of the stomach;

"6. In very severe cases it may be applied intravenously.

"Considering all these facts, we are justified in saying that Digalen, which for the time being is the best digitalis preparation, is destined to oust completely the galenic preparations."

Massacre of the Tonsils Denounced by Prof. Mackenzie of Johns Hopkins.

In a long article attacking the reckless removal of the tonsils by surgeons, printed in the Maryland Medical Journal, Dr. John N. Mackenzie, Clinical Professor of Laryngology and Rhinology in Johns Hopkins University and Laryngologist to the Johns Hopkins Hospital, says physicians do not yet know anything about the functions of the tonsils, but he insists that it is dangerous to remove them entirely except in rare cases. He cites a mass of evidence to show what serious troubles follow their total removal, death from hemorrhage being much more common than is generally known to laymen.

There seems to be little doubt that the tonsils play some useful role in the body, although physicians have not yet discovered what this is. Many theories have been advanced, each being taken up in turn and each finally rejected. That the tonsils should be clipped when hypertrophied is admitted, but, if Dr. Mackenzie has his way, the streets outside some surgeons' offices will no longer be "paved with the tonsils of their patients," as was said bitterly of certain tonsil-cutters.

Destructive Chemistry of Digitalis.

One hundred years ago Thompson (*London Dispensatory*) declared that the active principle of digitalis was unknown. Now, after a century of chemical manipulation at the hands of some of the most cultured chemists of the world, satisfactory conclusions have not been reached, and so far as the real therapeutically active constituents or constituent fragments are concerned (though many have been claimed), we are no nearer a solution than at the beginning. It might be said, with truth, that nothing of practical and safe therapeutic value has been learned in this direction since the day of Thompson, and that the therapy of digitalis rests practically today upon the basis laid by the father of digitalis—Withering—more than two centuries ago.

That the chemical study of many of our drugs has not advanced their therapy, we feel certain. Indeed, it has in many instances retarded therapeutic progress. Digitalis is a notable example. Therapeutic action should be gradual, kindly, and non-shocking, like the processes of natural life itself. The ambition to find exceedingly en-

ergetic alkaloids and other fragments whose action is largely toxic, has retarded progress in diverting investigation from therapeutic channels into the stream of poisonous pollution. We do not believe it necessary to poison the body fluids and tissues in order to remedy sickness, and if as much energy had been exerted in studying the kindly and non-toxic effects of drugs, it would have been far safer to the patient and of much more credit to the profession. As a matter of scientific possibility it may be laudable for the chemist to pursue his investigations to the limit; but we do not feel that the doctor is either bound to or justified in inflicting his product upon the patient to his detriment. The variability of the so-called glucosids of digitalis, and the confusion that exists concerning their ultimate composition (though each manufacturer claims for his product absolute purity and the limit of chemical possibility) should make one cautious about relying upon them for therapeutic uses. In this connection witness how Schmiedebeig's brilliant analysis of digitalis, now long accepted as final, has been further split into more fragments by Kiliani, probably the greatest authority of today on the chemistry of digitalis. We still believe that fluid anhydrous alcoholic preparations of digitalis best represent the therapeutic possibilities of digitalis.

The Kindly Action of Medicine Versus Physiologic Shock.

Digitalis came into use slowly and guardedly in eclectic therapy. There was much distrust of the drug, and this was chiefly on account of its known toxic tendencies, particularly its liability to cause sudden heart-shock and its cumulative effects when given, as it was in the earlier days, in infusion and other toxic forms of administration, and as it is too frequently given today. Dr. Scudder was extremely cautious concerning the use of digitalis, and in his classic work, "Specific Medication," advised only *small* doses of tincture of the dried leaves. From such doses, he declared, there were no cumulative effects. One of the cardinal principles taught by Dr. Scudder was the use of remedies for their kindly therapeutic action as opposed to what some have been pleased to term physiological action. Such action is in fact a near-toxic, and seldom, if ever, a therapeutic or remedial effect. As early as 1870 he wrote in "Specific Medication" these words: "As a rule, it is best to change the manifestations of diseased life slowly, giving sufficient time for the organism to adapt itself to the change, and gain increased strength as it returns to the condition of health. It will never do to suppress a process of disease at the risk of suppressing the organism upon which natural function depends. As a rule it is best to effect these changes insensibly, or without shock to an organ or to the entire body. In this, as in all other things, it is the slow but continued application of an opposing force that accomplishes the greatest results."

Many thousands of sick have been hurried to their graves by the sudden and forcible efforts of the physician to remove disease. This is one of the most prominent errors of the old practice, and will require considerable effort to avoid." ("Specific Medication," pp. 26-7.) That his views have had acceptance among the careful therapeutists of the regular school, as well as among the eclectics, the following bears strong evidence: "I am firmly convinced that I have been in the habit of giving too large doses of digitalis and that the average physician gives too large doses, not only of digitalis, but of almost every other drug. There is a decided difference between the gentle, continuous, remedial action of a remedy and the sudden, repeated shocks to the system occasioned by large doses of a drug. Our methods of administration need to be restudied. The action of remedies in proper doses on sick people, instead of on healthy dogs and cats, is another thing the profession needs to know. One of the most important studies just now for the physician and pharmacist to undertake is the study of the pharmacy and remedial action of digitalis." (Dr. George F. Butler in *Drug Treatise on Digitalis*.)—Gleaner.

Items

Doctor Paul Canitz, after a short illness, died June 17th.

Albert S. Gombar, M.D., married to Georgena Hartley, Feb. 1st, 1912.

Honorary Degree Conferred.

At the eighty-first annual commencement of Wesleyan University at Middletown, Conn., held on June 19th, the degree of Doctor of Laws was conferred upon Dr. Amos J. Givens, a graduate of Eclectic Medical College of Cincinnati, and proprietor of Givens Sanitarium for nervous diseases at Stamford, Conn.

Quite a large delegation from New York City attended the Washington meeting.

"Papa" went with them and seemed much benefitted by the trip.

Our insanity expert had a slight attack of brainstorm when he arose to a point of personal privilege.

The "Prince" was the publicity man—and we had fine notices.

"Uncle Sam" had his hands full as chairman of the house of delegates.

The "Admiral" is imitating the "hello" girls and don't miss a whisper.

Everybody missed "Brandy" at this meeting.

We all felt proud of J. Thornton. His oratory and eloquence created a sensation even in Washington.

Earl H. King, of Saratoga Springs, has been appointed surgeon to the Hudson Valley Railroad Company.

As we go to press the new laboratory is being installed at the college. Be sure and pay us a visit when in New York.

Send for catalogue of the Eclectic Medical College of the City of New York and then for another one to send to some high school graduate in your town.

"Diamond George" was too ill to enjoy the meeting at Washington. We are glad to report him better at this time.

Book Reviews have been crowded from this number and will appear in the August issue.

"Diamond George" has become very fond of "Bloomers." Can you blame him?

The busy practitioner from Brooklyn Hills seemed to thoroughly enjoy the meeting.

Our new State Secretary was also present—"A chip of the old block."

New England Eclectics met at Portland, Maine, June 17th and 18th.

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THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. XV.

NEW YORK, AUGUST 15, 1912.

No. 8.

Our College.

As we go to press Dean Hardy is writing to the educational department to request them to inspect the college and note the many improvements and changes. The committee in charge of the college equipment and research fund has also issued a call to contributors and friends to inspect—for the building is in readiness and we are glad to report that the prospects are fine for a very good class. The clerk reports that the calls and requests for catalogues are more than usual.

Last month we reported that the committee had ordered the equipment, (tables, cabinets, apparatus, etc.) for the new laboratory. It has been received, installed, and is ready for use. The anatomical and other laboratories have been refitted and rearranged, so that we now have five separate rooms in which laboratory work is conducted as follows: chemical, physiological, anatomical, bacteriological and clinical mycroscopy. These laboratories occupying three floors of our building. In pathology a most advantageous arrangement has been made; the course will be under the direction of Prof. J. H. Larkin, and our students, besides the college work in this department will attend at the City Hospital, at Blackwell's Island, the pathological department of which is under the direction of Prof. Larkin and where material is abundant.

Every alumnus and friend of the school should work with vigor and earnestness to send students. We will prepare them so that they will not only be able to pass examining board tests but be useful practitioners and a help to humanity.

Hints and Winnings.

It is not such a great many years since gout was designated in our text-books as a disease of unmistakably marked characteristics, and peculiar to persons who eat large quantities of rich food and who are otherwise indiscrete in their manner of living. In an old work on the practice of medicine now before me the author says: "Persons of a full and indolent habit are most subject to gout; particularly those who live luxuriously and lead an indolent, inactive life. * * * An attack of gout most frequently comes on with excruciating pain, either

in the joint of the big toe, the heel, the calf of the leg, or perhaps the whole of the foot; and this, becoming more violent by degrees, is accompanied with shiverings, succeeded by heat, swelling and redness." These words evidently represented the then generally accepted opinion in regard to gout. Since that time, however, the abnormal state has been more fully studied, and, as a result, its scope and nature is now better understood. This fact is well pointed out in an article written by Dr. Frank Hopkins, and published in a recent issue of the *Medical Record*. Dr. Hopkins has had large experience in the diagnosis and treatment of gouty conditions, and from this experience, and his own investigations, he obtained the material for his very interesting and instructive article. In part the doctor says:

"In my opinion gout, manifested in one form or another, is one of the commonest diseases with which the general practitioner has to contend. In most instances, long before there is an acute condition, gouty products infiltrate the soft tissues to such an extent as to be easily recognized by the trained hand, and the physician who relies on this method of diagnosis not only learns that gout is a common disease, but that it seldom shows itself in an acute form. It is after this exudation into the tissues that an acute attack may occur at any time. These outbreaks show themselves as an arthritis involving one or more joints, sciatic neuritis and neuritis in other locations, lumbar-myositis and myositis in other parts of the body, tonsillitis, bronchitis, eczema, and bilious attacks. Other manifestations are hypertension, neurasthenia, anemia, nephritis, neuralgia, acne and flat foot. We meet gout in the acute form more frequently as arthritis, myositis and neuritis (sciatic and brachial), and, as a toxemia without local inflammation, we more commonly find depression, neurasthenia, hypertension and chronic indigestion. The arthritis is most commonly found in the smaller joints of the extremities, but no joint is immune, and while the explosion may be limited to a single articulation over a long period, many others, if carefully examined, will be found infiltrated with gouty exudates, as will also the soft tissues of many parts of the body, although there have been no subjective symptoms pointing to these locations. Not infrequently the deposits are more or less limited to one side of the body. Of all the manifestations of gout myositis is the most common, and, if recognized, the most easily cured. Most of the so-called cases of neuritis are due to pressure from gouty exudates in the muscles, and are cases of myositis. Flat foot is often the result of myositis involving the muscles of the feet and legs. The condition is chronic and insidious, but acute outbreaks with constitutional disturbances, local heat, pain and muscular spasm, frequently occur. If the process continues, it results in permanent muscular spasm, marked blood stasis, neuritis, and finally atrophy of all the tissues. In a large percentage of patients with neuritis, gout is the great etiological factor.

Beginning as myositis in the overlying muscles, the inflammation gradually extends to the nerve sheaths producing full-fledged neuritis. In a majority of cases neuritis is *secondary* to the inflammatory process in the muscles.

In many cases of depression and neurasthenia gouty intoxication is the cause. A diagnosis can be made by a careful physical examination of the soft tissues, and proper treatment gives excellent results.

Gout is the most potent factor in the production of hypertension, and high tension if not relieved by treatment, will, in the course of a few years result in sclerosis of the arteries and kidneys and in other degenerations."

In a timely lecture, published in the *International Clinic*, Dr. Simon Baruch discusses the great mortality in sunstroke, and presents some recommendations which, when strictly followed, he says, have been the means of reducing the mortality to less than 10 per cent. The doctor's treatment is as follows:

"Prepare a cot, low bed, or sofa, by placing two bricks or books under it; place a large vessel beneath the lower edge to receive water flowing from it. Now place a blanket on the cot and roll it on each side of the patient so that a trough is formed; the head is also raised. Having prepared a vessel containing water drawn from the cold faucet and a supply of water also in another vessel in which a large chunk of ice is floating, several towels, old sheets and a pitcher, the patient may be treated as follows: If his pulse has lost tension and there are other signs of vasomotor depreciation, an old sheet should be dipped in plain water, wrung out, and stretched over a blanket; the patient placed upon the damp sheet is snugly wrapped in it. Turning him over so that the back may receive dashes from a height—the higher the greater the mechanical stimulus. Successive parts of the back are doused with a pitcher from a height of six feet or more, not, however, passing beyond the knees, the water temperature ranging from 70 deg. to 60 deg. F., as required. The wet sheet is now rubbed with the flat hands by two or more attendants until it feels warm.

"Now a smaller stream of ice water is poured with force upon one portion of the back; this is rubbed and slapped with the hands until it warms up before another is treated. The entire posterior part of the body having been doused, rubbed and again doused until the hands feel little or no warmth, the patient is turned over and the anterior portion is treated in a similar manner, first by water at ordinary temperature, then with ice water in small quantities, followed by vigorous rubbing and slapping. The patient is then dried and wrapped in blankets, with hot water bottles to the extremities. When he has reacted—and this should be within half an hour—the rectal temperature should be taken; if it has fallen three or more degrees the patient may rest for another half hour with a cold turban around the head.

If the temperature has not fallen several degrees treatment must be resumed."

In investigating the cause of typhoid fever outbreaks we should always keep in mind the part liable to be played by the chronic bacillus carrier. Kutscher says that about 4 per cent. of typhoid patients become chronic carriers of the specific bacillus, which they excrete in both urine and feces. Apparently healthy persons are found who never to their knowledge have had typhoid fever, yet are carriers of the bacilli, which they give off from time to time to infect susceptible persons.

History tells us that a certain Pope issued a "bull" against a comet, but the comet went serenely sailing on just the same as before the edict was sent out. *Moral*: Stop wasting energy against the inevitable, remember the experience of poor dog Tray, and diligently watch out for everything resembling a lack of equal rights and a fair deal.

It is an easy matter to overlook little things while making a physical examination. It is therefore well to keep our knowledge of them fresh in memory. Among these little things it should be remembered that vocal fremitus—vibration of the walls of the thorax—is always most evident on the right side of the chest, the right bronchus being more capacious than the left, and it is generally more perceptible in the upper than the lower part of the thorax. Vocal fremitus is entirely abolished when one side of the chest is full of fluid, but if the lungs are inflamed, as in pneumonia, with the parenchyma consolidated and firm, the vibration is materially increased.

FYFE.

Original Articles

Infantile Pneumonia.

BY ARTHUR WEIR SMITH, A.M., M.D.

In tracing the origin of inflammation of the lungs I prefer the old theory that the patient "takes cold and it settles on his lungs." I am not able to explain this theory, but it accords with my experience. To illustrate: I was called in consultation to a case supposed to be pleurisy. The patient was a man in middle life. Before he was taken sick he had taken a long ride in an open vehicle, with a cold, northwest wind blowing on him until he was chilled through and through. The usual symptoms of pleuro-pneumonia developed, and grew gradually worse until he died. The attack may have had germs as a cause, but I have to strain a theory too much to accept this explanation.

It was a crude explanation of Samuel Thomson, in such a case,

that the cold had been driven inside and settled on the lungs, and had driven the heat outside, shown when the reaction came, and fever with a hot skin presented. It is not so crude an explanation, however, to say that the prolonged impression of cold upon the body caused the blood to determine to the lungs, and the phenomena of inflammation to be set up.

As to the treatment of this case, I am willing to believe that had he been treated at the start with one of Thomson's lobelia emetics and external heat with steam, if you like; and pepper sauce, if you will, as an embrocation over the entire chest, his life might have been saved.

I was called to see baby N., whose sickness had greatly alarmed the parents, and found the most striking symptoms to be an extreme rapidity of breathing, and a pulse beating so fast that I could not count it. There were some other minor symptoms, and my diagnosis was infantile pneumonia.

My treatment was something like that above outlined, but modified by certain deep draughts of homœopathic literature. I applied, without delay, a larded cloth covered with compound powder of lobelia, all about the chest; and gave internally specific aconite, one drop, to water four ounces, a teaspoonful every hour.

The aim in treatment was to restore a normal circulation of the blood and relieve the congestion of the lungs. The relief was so pronounced that almost before the time it takes to tell the story, there were signs of improvement, and this young life was saved. I have great faith in the compound lobelia jacket over the chest in infantile pneumonia, and equal faith in the small dose of aconite to start these little patients on the road to recovery.

As to hygiene, I believe in the open-window, and open-air treatment of all diseases; and the open window in the sleeping room to ward off disease. I used to believe that to expose a patient, sick with pneumonia, to cold air from an open window was to put a sword through his lungs, but I believe so no longer. Keep the body warm, but welcome the fresh air.

I quote from an article by Dr. Edith B. Lowry, which will bear repeating. "With babies there is a short, catchy cry that is characteristic of acute pneumonia or bronchitis. Although there are several forms of pneumonia, the one called broncho-pneumonia is most common with babies and small children. The chief symptoms are rapid, difficult respiration and a rapid pulse rate. The child may breathe as frequently as sixty times a minute. The skin feels hot and dry, indicating a feverish condition. The child usually is very restless. Cough may or may not be present. Sometimes the onset of the disease is marked by vomiting, and, rarely, by convulsions. Intestinal complications are common, there often being four or five green stools a day. The urine usually is scanty and highly colored.

"The disease varies in severity. Some cases would get well with no treatment, while some babies die within twelve hours. As a rule, the baby has a better chance for life if treatment is commenced in the early stages of the disease. One of the chief requirements is good ventilation. It is better to have the room cold than to have poor air in the room. The baby should be kept warm by clothing and by hot water bottles placed near it. It may be given hot drinks to help induce perspiration. Its position should be changed frequently. The old-fashioned onion poultice applied to the chest in the early stages doubtless has saved the lives of many babies. Good results may be obtained by rubbing the chest and neck with turpentine and oil. Moist inhalations are as beneficial here as they are in croup. The child should inhale the steam for ten to fifteen minutes four or five times a day. Although the baby will have no appetite and can only be coaxed to take a small amount of nourishment, it will be thirsty and should be given as much water as it can drink.

"If there are signs of collapse, a hot mustard bath may be given.

"The baby should be kept warm enough to induce perspiration, while at the same time it has plenty of fresh air to breathe."

BERWYN, ILLINOIS.

Differential Diagnosis and Treatment of Cerebral Apoplexy.

BY N. SHAPIRO, M.D.

(Read at April meeting of the Brooklyn Therapeutic Society.)

Gentlemen and members of the Brooklyn Therapeutic Society: The fact that cerebral apoplexy may be mistaken for cerebral embolism and cerebral congestion or uraemia alcoholic coma, epileptic or hysterical coma and opium poisoning, leads me to give you a brief review of the differential diagnosis of the diseases named above.

In the differential diagnosis between cerebral apoplexy and cerebral embolism, we find that in the former it occurs between 40 and 80 years, while in the latter in young adults.

In apoplexy the heart is generally hypertrophied and in embolism there is usually an endocarditis.

In apoplexy we find an endarteritis, in embolism not essentially so. The right middle cerebral is usually involved in apoplexy, while the left middle cerebral is involved in embolism.

In apoplexy aphasia is less often, in embolism aphasia is more often. Monaplegia is more rare in apoplexy, while common in embolism.

There are prodromal symptoms in apoplexy and generally none in embolism.

In apoplexy the coma is profound, in embolism the coma is slight, transient or absent.

Convulsions are rare in apoplexy, while in embolism convulsions occur in 25 per cent.

There is cerebral compression in apoplexy, but no compression in embolism.

In the differential diagnosis between apoplexy and cerebral congestion, we find:

In apoplexy, stertorous breathing.

In congestion, stertorous breathing absent.

In apoplexy, the pupils unequal.

In congestion, the pupils equal.

In apoplexy, the coma persists for some time.

In congestion, the coma is of short duration.

In apoplexy, the prodromal symptoms last a short period.

In congestion, the symptoms are of a longer period.

In apoplexy, hemiplegia is more or less complete.

In congestion, should there be paralysis, it is usually bilateral.

In apoplexy, the mental faculties are gradually and rarely completely restored.

In congestion, it is rapidly and completely restored.

When touching the subject of uræmic coma, we find that the previous history of the patient is very important.

In uræmic coma, there is more or less cedema, while in apoplexy there is none.

In uræmia, coma comes on gradually and is usually preceded by convulsions.

In apoplexy, coma comes on suddenly.

In uræmic coma there is evidence of casts and albumen in the urine.

In apoplectic coma, such evidence is absent.

Profound alcoholic intoxication is often mistaken for apoplexy. From alcoholic coma a patient can be roused.

From apoplectic coma, not.

In alcoholic coma, there is the absence of stertorous breathing, while in apoplexy it exists.

In alcoholic coma, pulse is feeble. In apoplexy, full and strong.

In alcoholism, there is no hemiplegia.

In apoplexy, usually present.

In alcoholism, the contents of the stomach and bladder contain alcohol.

In apoplexy, the contents of the stomach and bladder are devoid of alcohol.

Opium poisoning is another instance which is generally mistaken for apoplexy, because it resembles some of the symptoms of apoplexy.

In apoplexy, the pupils are dilated or irregular.

In opium, the pupils contracted or regular.

In opium, poisoning is absent.

In apoplexy, the coma is sudden and deep.

In opium, gradually and not so deep.

In apoplexy, breathing stertorous pulse full and strong.

In opium, respiration and pulse slow.

In apoplexy, there is the usual occurrence of hemiplegia, while, in opium, hemiplegia does not occur.

The coma of epilepsy may be confounded with that of apoplexy, but the blood-stained frothing at the mouth, the imprint of the teeth on the tongue, the history of previous convulsions, the rapid recovery and the age of the patient are sufficient to distinguish epileptic from apoplectic coma.

In hysteria, coma is not deep, cold will restore to consciousness, stertorous breathing is absent, the pupils are mobile or unchanged.

In hysterical hemiplegia, the patient drags the limb like an inert mass, contractions develop more rapidly than in apoplexy, the electro-muscular contractibility diminishes after it has lasted for a short time.

In spinal hemiplegia, sensation is preserved.

The prognosis of apoplexy is always grave. The greater the age, the more unfavorable it is. Death rarely occurs at the onset of the seizure, but the hemiplegia, the loss of mental power and the liability of recurring attacks render it, even when not at once fatal, a dreaded condition.

Again, if the hemiplegia begins to improve very soon after the attack, the prognosis becomes favorable. Unfortunately, this is a rare occurrence, because of the advanced age of the patient. Convulsions in the aged always indicate great danger.

As regards the treatment of apoplexy, if we are fortunate to be called in time to still find the prodromal symptoms, and the age and condition of the patient are such as to favor its occurrence, prophylaxis may avoid an attack.

The principal prophylactic measures are the avoidance of sudden or violent exercise or strain of the mental faculties.

The diet should be nutritious, but non-stimulating, and the living or sleeping rooms should be large and well ventilated. Attention should be paid to the intestines, liver and kidneys, and moderate exercise should be taken in the open air.

Hot or cold baths should be forbidden. The body should always be warmly clothed. Flannels are preferable. Free purgation with either jalap, podaphylum or calomel.

The application of blisters to the neck may be tried. Lithia salts or bromide of lithia may be given. When the apoplectic seizure

has occurred, the patient's head is to be elevated, the clothing about the neck loosened.

The patient's bed should be in a cool, dark and absolutely quiet room. Cold should be applied to the head and neck and heat to the feet.

Purgation during that condition may be accomplished by placing a drop of croton oil, 1 drop to 5 qts. of sweet oil or elaterium 1.1-6 gr. on the tongue.

Where the individual is robust and the arterial tension is high, the old method of blood letting may be tried, but I'd sooner prefer our old eclectic standard remedy such as *veratrum viridi*.

In old age or in the feeble with pale face and feeble pulse, aconite in small doses may be given. The condition of the bladder should be examined and the urine drawn if necessary.

Mustard may be applied to stomach and feet.

If there is falling back of tongue, place the patient on his side.

If respiration fails atropine 1.1-50 gr. per hypo should be given. When the patient comes out of the coma the vital power must be sustained, there must be absolute quiet and rest. The bowels should be kept open by salines. Magnesium sulph. is preferable. Milk and beef juice are to be freely given.

If the patient is very old and feeble, small doses of strychnine nitrate 1.1/200 gr., 1.1-50 gr. or spartine sulph. 1/30 to 1/12 grain per mouth every two hours.

When there is restlessness, and insomnia, especially in the aged, I prefer *passiflor* and the bromides to morphine.

For the dot in the brain which is practically a foreign body, I used the iodide of potassium to promote absorption with good results.

For the paralyzed limbs the galvanic or the Faradic current may be used.

Electricity should not be resorted to until about two or three months after seizure.

Passive motion, gentle friction and the application of stimulating liniments to the surface may be tried early to the paralyzed limb. The application of mercury ointments has been tried by our old school friends, but I prefer the application of iodine petrogen or sp. of turpentine, capsicum, or chloroform lin., or the combination of the three last named drugs.

Massage of the paralyzed limb should form part of the treatment.

Brooklyn.

Plagiarism. (Old Dog Tray, Ever Faithful.)

Whoever follows though in any line of research, travels roads long since traversed by other lines of thought. Whoever hopes to strike something new to the world, needs perhaps remember that Solomon wrote, "There is nothing new under the sun." The man who believes that his footsteps can make a path that has not been followed by other footsteps, cherishes a delusion. The man who accepts that to his little brain can come a thread of thought that has not been to others in some form or fragment a reality, reads little in the lines that have been written and thinks less about what his predecessors have accomplished. Great discoveries are often offshoots of thought germs transplanted from the outside in which are perhaps lost the very names of the men who unconsciously guided the last speaker. Writers often make honest statements, thinking themselves the original, when in reality a latent spark placed in the brain long years before finds food for expansion, and finally grows into a mighty blaze. To charge a man with ignorance because he is not acquainted with all that has been accomplished by millions of men in lands, cities and countries innumerable is an act of folly. To charge a man with plagiarism because he happened to write something similar to what another of the innumerable host of thinkers and authors has somewhere recorded is neither fair nor logical. With this introduction we shall refer to an incident that made a modern man celebrated in a line where others had not only previously trodden, but had made their record which was destined to slumber over centuries.

It seems very recent to us since the talented Dr. Brown-Séquard startled the world with his famous elixir of testicle juice, which was the predecessor of the chain of commercial serums that now come and go as pass the day and hour. Like a whirlwind this serum testicle cure for old age infirmities swept over all civilized lands, being lauded in secular, professional and scientific print near and far. Numberless were the *lambs* that suffered, but not less *lamb-like* were the human victims destined to disappointment. Dr. Brown-Sequard's wonderful discovery of the "elixir of life" came heralded as a something new, to pass through its predestined course and vanish, leaving another phase of the ever-living story of the *irregularity* of medical *regularity*.

But, not new was that semen cure. It did not originate with Brown-Sequard. Turn to Salmon's "New London Dispensatory," 1682. There (page 190) is recorded a potent remedy, the "*Sperma, semen, the seed*," not, however, the product of lambs, but *the seed of men*. Like Brown-Sequard's revival of the thought it was commended as a cure for "the imbecility of the instruments of generation." Even further, it was also used to make a "philtion" (now spelled philter) "to cause love." Would any man assert that Brown-Sequard had not perhaps read this or some similar old work in days gone by, then had

seemingly forgotten the incident, but when came old age, hoping against hope, came the revival of the latent spark? Even were this true, should we charge the talented author with plagiarism because the road had been previously traversed?

And yet, even Salmon did not originate the idea of the reviving power of the seed of animals. Paracelsus (born 1493), the Swiss alchemist and physician, ages before had announced the same opinion. His marvelous *Humunculus*, or "little man," was constructed of "the seed of man." And, probably, as is natural, man's thought has from time to time turned hopefully to this life essence from the days of primitive savagery.

Reason leads to such thoughts as these, but what led the great authority who now, under the protecting wing of modern science, announces his wonderful *microbe cure for old age* in the form of a something extracted from the bowels of a dog, Marvelous discovery, this! Wonderful opportunity, this! Number 4-11-44 or 606 needs now take a back seat. And the best of it all, to the honor and glory of its discoverer, is the fact that as yet no evidence has arisen to show that any man had ever been as "scientific" in the whole course of past "regularity," either ancient or modern, in legalized medication. Seemingly, "the dog bowel cure" for old age is new.

Of course, *the price per cubic centimeter* (about 16 minims) to men and women afflicted with what is now, as it has ever been, the incurable *senile disease*, will in good time be announced by the commercial agents of its discoverer. Are there not men who, having sacrificed their lives for "the almighty dollar," would give a million dollars for a single tube?

LLOYD.

Etiology of Cerebral Apoplexy.

BY G. W. SALTER, M.D.

(Read at the April meeting of the Brooklyn Therapeutic Society.)

In presenting the cause of cerebral apoplexy this paper must of necessity be very brief, therefore will give a synopsis of the viewpoint of some of the authorities.

Anything that tends to exhaust the vital integrity of the brain, whether that cause may be predisposed by hereditary tendency, peculiar types of conformation, aggravated or intensified by sedentary habits, high living, protuberant bellies, large heads, florid features, short, thick necks, high shoulder, a predisposition to hemorrhage.

Apoplexy is also engendered by disease of the liver, heart, kidneys, ossification and calcareous degeneration, and deposits in cerebral bloodvessels, gout, intemperance, embolism, impure air, tight neckties, stooping posture.

Nervous or simple is rarely fatal; the sanguineous, or that accompanied with extravasation of blood into the brain, very common; and the third form, the serous, in which the serum effused is simply present, and has no relation to an attack. A stroke or an attack is usually followed by stupor or coma, and the comatose condition may cease in various ways. It may gradually pass off, leaving the patient well, or it may terminate in incomplete recovery, mind impaired and some part of the body paralyzed; or it may terminate in death.

In the latter case, on examination of the brain, we find either no appearance of disease or else extravasated blood is discovered in **the ventricles, or pons varolii**, or to a certain amount in the centrum ovale majus, or in sac of arachnoid, or there may be a copious **effusion of serum into ventricles or beneath arachnoid**, with or without cerebral softening. That form which is fatal without any trace is rare.

Another author says: "Cerebral softening has been recognized since the early part of the present century, and in some of the cases thirty years ago an efficient cause, in the form of arterial disease, assigned to it; but the complete theory of its causation forms a part of the general doctrine of embolism and thrombosis which was so largely developed and systematized by Virchow. Andral and Durand-Fardel had apparently no idea of the exact mechanism of its origin, the latter supposing it to depend upon inflammation, while Todd mentions a case where softening giving rise to paralysis depended upon a dissecting aneurism of the carotid."

He seems to have generalized so far as to say that white softening is atropic, but the precise way in which this localized atrophy was usually brought about evidently escaped him.

According to him, the suddenness of the attack was owing to a gradual disorganization of the brain-substance with few or no symptoms, and then a sudden rupture of disease fibres by some accidental cause or by their having reached the extreme limit of cohesion.

Blood may be effused upon the surface of the brain in the so-called cavity of the arachnoid—that is, outside of the pia mater—or in the meshes of this membrane, following its course along the sulci.

This also is not infrequently the result of violence either with or without fracture of the bone. Its source is likely to be found in the veins which empty into the longitudinal sinus from the surface of the brain.

Rupture of a lateral sinus from a not very severe blow has been the source of large and fatal hemorrhage.

Blows upon the head, with or without fracture of the cranial

bones, are likely to cause rupture of the cerebral substance with hemorrhage, and this may find its way to the outside and cover more or less of the surface.

Such injuries to the brain, it is important to note, do not necessarily correspond immediately to the place of the blow or to the external ecchymoses. Meningeal hemorrhage in this region may, however, be observed when no injury has been received, or at least when there is neither history nor external traces of any.

Another author says: "This disease is one of the results of a constipated, obstructed, plethoric and overburdened body."

Excessive alimentation, with defective depuration, and some internal visceral obstructions or compressions, are the obvious conditions on which the apoplectic fit depends; and hence we rarely witness the disease except among the well-fed, the corpulent or obese, and the gross or high livers; and even then we almost find inattention to the functions of the excreting organs or outlets of the body among the predisposing circumstances.

This view is simple enough, and not difficult to understand. But in medical books we find a world of confusion on the whole subject.

Every thing relating to its causes, seat, nature, and proper treatment, is there hypothetical, unsettled, contradictory—a mountain mass of scientific absurdity and erudite inconsistency.

Some authors regard it as a disease of the sanguineous system; others as an affection of the nervous system. Some writers contend that the immediate cause is always some effusion, extravasation, or other structural derangement of the brain; while others declare that such circumstances are never necessary conditions. Some pathologists argue that compression of the brain is the universal immediate cause; while others ably theorise that the brain is incompressible.

This last authority seems to me to get at the real cause. He says:—Hemorrhages are caused by a deficiency of certain cell-salts in the circular walls of the blood-vessels. Iron gives strength, toughness and elasticity to the vascular system, while sodium chloride, the water-carrier, furnishes moisture. A lack of one or both of these salts causes brittleness and weakness of the muscular tissue composing the walls of veins and arteries, and when they are subjected to a strain—(1) from an excess of heat; (2) or too much food or matter in intestines; (3) or non-functional organic matter in the circulation—fibrin, albumen, etc.—there may be a breaking down of the vascular walls, especially of the capillaries or minute blood-vessels, and, consequently, hemorrhage.

Thus I have given you some of the authorities (so-called) of the medical fraternity of the different schools, that you may read, mark, learn and inwardly digest the good grains to be found therein and thus arrive at the truth of the matter.

"There is no religion or science higher than truth."

Items From the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

The following taken from "The Anglo-Saxon Leechcraft" shows the curious ideas that prevailed in the years gone by about the treatment of insanity. "In case a man be a lunatic, take skin of a mere swine, or porpoise, work it into a whip, swinge the man therewith, soon he will be well."

Another strange remedy, illustrating the superstitious element which enters into many of the doctors of those by-gone days, is a drink composed of certain herbs "for a man possessed by devils." The most funny part of the remedy is the order that the drink should be given to the patient in "a church bell."

Sometime ago, a Roman historian (I forget his name) said: "Whenever women become ashamed of the things, they should not be ashamed of, it will not be long before they will begin not to be ashamed of the things they should be ashamed of." There is a great deal of truth in these words. When women and men occupy themselves not with the rearing of families, but with the suppression of families, the sex problem will come up and neurotic, erotic and other tendencies will show up strongly. The woman who is a mother, or the man who is a father of good sized families, experience no trouble about the sex problem.

One of the best remedies for insomnia is a sea voyage. I think it will overcome even the more stubborn cases of insomnia. The peculiar part of it is that they sleep not only at night but spend the greater part of the day in the lounging chairs—sleeping.

For studying Wernicke's works, we find the following very interesting case. A patient of twenty-seven, who passed through a normal confinement, on her return from the lying-in hospital, showed abnormal anxiety about the child, and the second night began to sing and dance and talk of hearing angels sing. The next day she took her husband for the physician. For four weeks she had been in constant motion, singing, exhibiting an odd "rapid tremor" of the lower jaw and also refused food. This condition passed into exhaustion, vacant staring, difficulty in pronunciation, at times she looked aside as if listening. She allows the arm to be elevated and will hold it so for quite a while. Her mood varies between apathy, euphoria, imitation and perplexity. Is not this a good picture of catatonic stupa?

The Argyl-Robertson pupil is met with almost constantly in general paresis. The pupils in all cases of insanity deserve attention.

Loss of reaction to lights may be found in syphilitic insanities, senile insanity and in some alcoholic insanities it means organic diseases of the brain. In some few cases a transitory rigidity of the pupil is found in epilepsy and morphinomaniac. Inequality of the pupils is common in organic and in functional insanities.

In acute mania you often find shifting hallucinations, illusions and sometimes delusions are present. The patient is mostly noisy, and pours out a continual stream of incoherent words and obscenities. Ideas seem to crowd into the brain with such rapidity that he has no time to express them all, so that he begins something new before he finished the old. Insomnia is always marked. Great sexual excitement prevails. While the symptoms in different cases may differ somewhat, in the main they present the above described peculiarities.

The peculiar feature of the Homo-Sexual feeling—is the want of sexual sensibility for the opposite sex, even to the extent of horror while sexual inclination and impulse toward the same sex are always there. This abnormal mode of feeling can often be recognized in certain individuals by their manners, dress, etc.

In looking over the life histories of many statesmen of ancient as well as of later days, we see that quite a few of them were instruments, so to say, in the hands of women, owing to their great sensuality, which may be due somewhat to their neuropathic tendencies and constitutions. In studying this further the question arises whether the aggressive role played by man in sexual life has anything to do with his life vocation?

The diagnosis of exophthalmic goitre does not present any difficulties if the three cardinal symptoms of the affection and the tremor are present at the same time. If only two of the symptoms are developed, or if only one can be demonstrated during the initial stage of the goitre, the diagnosis is more difficult and requires some care and knowledge. Usually, if only one symptom is present, it is a question of tachycardia, as this is the first morbid messenger of incipient Graves' disease. But then, a moderate acceleration of the heart is found in so many other conditions, that we can not utilize it as a sure aid in the diagnosis of the goitre. If besides, tachycardia and palpitation of the heart occur only paroxysms, with long lasting intervals of normal activity of the heart—we are then inclined to consider it as providing against incipient exophthalmic goitre. A sure symptom to watch for is the changes in the eyes.

In various forms of alcoholic insanity, as well as in insanity from the abuse of morphia, chloral and other narcotics, the turkish bath has a beneficial and soothing effect. By its power of elimination, it influences the irritability, allays the insane suspicion and helps towards recovery. It is very useful in Purperal mania and in melancholia agitata, as well as in certain cases of epileptic insanity.

For the hypochondriacal melancholia—you need not give any sulphonal—it will give you no results and will only upset the digestive organs of your patient.

In treating neuralgia, the first question to be asked concerns the cause, for upon this will largely depend the course of your therapy. Malarial neuralgia must receive enough quinine if syphilis has anything to do with the neuralgia the aubsyphilitic treatment must not be overlooked, and here do not forget the fact that if you use Sodin that Sodin will often cause a neuralgia.

Early acquired homosexual tendencies and habits will often lead to sexual neurasthenia. Psychogenous impotence may develop, associated with some psychical depression and hypochondriasis.

When hysterical paraplegia results from injury, or from shock due to such injury, its onset is usually sudden. It may be often complicated by the development of contractures, which may or may not be permanent. The loss of power may involve the whole of both limbs, rendering all motions impossible, although some motor power is there, so that the legs or feet can be moved in bed.

Impairment of sphincter control in hysteria is a rare occurrence. The paroxysm usually will pass without involuntary micturition. There may be quite a frequent desire to urinate, which is due rather to psychic than local conditions.

910 St. Johns Place, Brooklyn.

Pyrethrum, 2 ounces; soap bark, 2 ounces; iris florentina, 3 ounces; ol. limonis, 3 drops; ol. rose, 3 drops; vini xericum, 2 ounces; alcohol dil. q. s., 2 pints. Macerate ten days and filter. Wet the tooth brush, then drop on a few drops and use. This is an excellent wash for cleansing the mouth and teeth.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

A Brief Re-Study of Wooster Beach's Remedies.

CONIUM MACULATUM.

This plant is commonly known as Poison Oak. Its leaves and **seeds afford a nervous and vascular stimulant of decided power**, as well as a sedative of considerable usefulness. It is also a narcotic possessing elements of danger, and even in medium doses it may gradually cause paralysis of the motor nerves.

As conium, in small doses, stimulates the vascular and nervous systems, indications for it are frequently found in many abnormal states. It produces sleep by relieving pain and restlessness, and relieves the pangs of teething by its soothing influence on the nervous system. Conium is employed with marked success in chorea, and in hysteria it is used with great advantage. In tetanus it is believed to exercise no small degree of controlling power, and in paralysis agitans it is deemed a remedial agent of some merit. Some other forms of paralysis come within the range of its helpful influence, and in persistent neuralgia it is often beneficially employed. In gastralgia it exerts an anodyne effect of considerable service, and in teasing pains in the joints and lumbar region it affords some relief. In that numbness of the fingers and toes which is often complained of by persons suffering from poor circulation of the blood, conium is an essential remedial agent. It should also constitute a part of a rational treatment of females who menstruate too early, or have an insufficient flow, or suffer from suppressed menstruation; or the woman who has leucorrhea after menstruating and colicky pains before the period.

Conium has a special action on the breasts and testicles, and will materially aid in removing the hardness of the testicles which sometimes follows orchitis. It also exerts a relieving influence on female breasts which become hardened, tender and painful just before the menstrual period. In frequent dribbling urination, especially when associated with cutting, burning pains in the urethra, and a sense of weight about the bladder, this agent is used with the most gratifying results.

Conium was employed by Dr. Beach and his associates, in what was in their time deemed small doses, as a means of relieving pain and to "discuss scrofulous and cancerous tumors of the breasts."

Among the reliable specific indications for conium the following

are perhaps the most frequently seen: Low grades of inflammation, especially when involving the glandular system; numb feeling in the brain, as if stupefied; excess in motor activity; numbness in the extremities, when associated with poor circulation; enfeebled state of the generative organs; ill-effects of suppressed sexual instinct; neuralgic pains; ovaritis, with lancinating pain.

The dose of Specific Conium (or a good fluid extract) is from 1 to 10 drops, but it may be efficiently employed as follows: $\mathcal{R}$ Conium, gtt. v to x; water, $\mathfrak{z}$ iv. Teaspoonful every hour to every three hours.

Radium.

In writing to the *Nebraska Medical Outlook*, the sprightly little organ of the Nebraska Eclectics, Dr. D. S. Palmer briefly and interestingly calls attention to many facts in regard to the nature and therapeutic action of radium. The doctor's article is gleaned from Dr. Heber Robart's work on "Practical Radium." In part Dr. Palmer says:

"Radium is a metal discovered by Madame Currie in 1898. It is derived from Pitchblende, an ore containing twenty or more mineral substances. Eight tons of the richest pitchblende ore will yield about one grain of radium. Fifteen grains of radium bromide, which is about fifty per cent. pure, would cost eighty thousand dollars. Metallic radium has never been separated and there is less than two ounces of radium bromide in existence, and it is held mostly in the laboratories of Europe.

"The strength of radium is measured by its activity. Radium has three rays: Alpha, Beta and Gamma, of which the Beta rays are the most powerful, having a speed of 100,000 miles a second. The Gamma rays resemble the X-rays more than either of the others, but unlike the X-ray it will penetrate twelve inches of iron.

"The X-ray rays will pass through the tissues of the body, but the bones or foreign substance will cast a shadow, while the combined radium rays will pass through a foot of solid iron.

"The life of radium is about twelve hundred years. One grain would give off every moment for a thousand years, more energy than you would get from an engine and dynamo, capable of generating a current for sixty thousand candle power.

"If a bullet strikes with the speed of half a mile a second, the alpha particles emitted from a radium atom strike with a speed of forty thousand times as great, and its striking energy, weight for weight, is sixteen hundred million times as great.

"If a tube of radium is plunged into liquid air at a temperature of two hundred and seventy degrees below the freezing point, it will at

once cause the liquid air to boil, and the same tube of radium would continuously do this work for a thousand years.

"My paper to-day has to deal with the naked radium as a cure for any cancerous growths of the skin.

"Naked Radium is a term applied by Dr. Robarts to radioactive pitchblende with uranium and minerals removed until it has a power of about 500 radioactivity.

"When you use naked radium it is not recoverable, but its therapeutic action seems to be different from radium in glass, mica, rubber, cellulose, aluminum or any other carriers. Naked Radium is a brown powder coming in double glass tubes. Its application is painless, and cures by restoring the cancer cells, which are weaker than normal ones, to healthy cells.

"Dr. Robarts lays great stress on the fact that malignant cells could not exist if there was not an underlying cause which is constitutional, so that you should look to the constitutional condition of a cancerous patient at the time of treatment and for a long time after the sore is healed.

"I have never failed to cure with two applications, the first for seventy and the second for eighty hours, if the naked radium could be retained in place. My only failure was a case brought to me by Dr. Cone, where the epithelioma had eaten the lower lid to the eye away. The tears washed the radium away so we got no results.

"Grain doses of the Bromide of Radium of from 50 to 1,000 radioactivity have been taken internally without any apparent effect, while the action of radioactive water of much less activity was very apparent.

"Pure radium, if it could be obtained, would have about 1,800,000 radioactivity. Radium of 1,000,000 radioactivity is destructive to the tissues of the body."

FYFE.

Heat-Stroke.

Heat-stroke is the result of exposure to intense heat, either from the direct rays of the sun, or the radiation of blasts or furnaces, or to an overheated atmosphere. * * * There may be prodromal symptoms, such as dizziness, intense burning headache, colored vision and a hot, dry skin. Usually, however, the attack comes on suddenly, and the patient loses consciousness. The breathing is stertorous, or shallow and rapid, the respiration varying from thirty to fifty per minute. The face is flushed or cyanotic, there is throbbing of the carotids, and the pulse is rapid, from 130 to 160 beats per minute. The temperature for mouth or rectum is rarely less than 108°, and may reach 113° to 115°. The skin is hot and dry, though later it may become relaxed and bathed with perspiration. There is often clonic convulsions. The

pupils are generally contracted, and the conjunctiva injected. Grinding the teeth is a common symptom. Incontinence of urine and feces occurs in a number of cases. Vomiting and purging may occur, and are to be regarded as unfavorable symptoms. The circumstances under which the attack comes on, and the characteristic symptoms noted, make the diagnosis comparatively easy.

Where the temperature is very high, strip the patient of all clothing and sponge him with *hot* water, at the same time have two assistants *fan* him vigorously. The sponging with *hot* water determines the heat to the surfaces and the fan secures rapid evaporation.—*Thomas' Practice.*

The four drugs found by Eclectic physicians to be the most useful in heat-stroke are belladonna, nux vomica, cactus and carbonate of ammonia.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Dallas, Texas, in June, 1913. F. L. Wilmeth, M. D., president; W. P. Best, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1913. G. J. Olsson, M. D., president; G. R. Thompson, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. H. Harris, M. D., president; M. B. MacDermott, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. John Birkenhauer, M. D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M. D., president; A. B. Wolf, M. D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M. D., secretary.

American Proctologic Society.

Fourteenth Annual Meeting, held at Atlantic City, N. J.
June 3 and 4, 1912.

The President, Dr. John L. Jelks, of Memphis, Tenn., in the chair.

Officers elected for the ensuing year:

President, Louis J. Hirschman, M.D.,
Detroit, Mich.

Vice-President, Alois B. Graham, M.D.,
Indianapolis, Ind.

Secretary-Treasurer, Lewis H. Adler, Jr., M.D.,
Philadelphia, Pa.

Executive Council:—

John L. Jelks, M.D., Memphis, Tenn.

Louis J. Hirschman, M.D., Detroit, Mich.

J. Rawson Pennington, M.D., Chicago, Ill.

Lewis H. Adler, Jr., M.D., Philadelphia, Pa.

The place of meeting for 1913 will be at Minneapolis, Minn.

Exact date and headquarters to be announced later.

The following were elected Associate Fellows of the Society:—

Dr. Rollin H. Barnes, Metropolitan Building, St. Louis, Mo.;

Dr. Barney J. Dryfuss, 7 W. 91st St., New York City, N. Y.;

Dr. James A. Duncan, 1107 Broadway, Toledo, O.

The following is an abstract of the President's Address:

President's Address.

Relationship and Duties of "The Proctologist" to the Profession.

BY JOHN L. JELKS, M.D., OF MEMPHIS, TENN.

He stated that this Society was an innovation when organized,—a strange vessel on the high seas. A child of American Medicine, it has now become a sprightly youth, with ambition and strength of purpose, having and exercising authority.

He admonished discretion, thorough description and perfection of technic. Hasty speech or carelessly written papers cannot be erased or changed—as in their publication they become a permanent record.

He referred to the theories of our science, which were born of dreamers and nurtured by enthusiasts, and fancies no solid superstructure could be reared on foundations so infirm, and added that neither these, nor the honor, distinction, nor the gain they held out, should be sufficient to determine the surgeon to make merchandise of theories.

He considered the true surgeon and specialist as humanitarian, whose purpose in life is to save life, restore health and happiness, and admonished him to shield and protect his brother from the darts aimed to destroy.

He stated that much harm has been done by the profession in the establishment of drug habits among the American people for the relief of constipation as last year's symposium before this Society would show, and says the Proctologist is best equipped to study these cases, and arrive at the true etiology pointing to means of relief.

The American people are living in tin cans and cracker boxes, sparing time only to catch the next train, or meet the next market report, are storming their nervous systems with destructive toxins, filling sanatoria and health resorts with wrecks and lowering the scale of human usefulness and intelligence. None can more early observe the impending catastrophe, or turn on the search-light as the Procto-Enterologist, and scientist, who calls together the aids of chemistry,

physiology, pathology and bacteriology and a fair degree of understanding as to the results of the methods and habits of life of the average American citizen, who is less careful in the selection of and preparation of his own food than that of his stock.

He advised closer confinement of the Proctologists to this work, to the exclusion of general work, and believed this will receive from the profession greater respect for this specialty, and that fewer of this class of cases will be referred the general surgeon, or be accepted by him for treatment.

Selections

Metric System in Prescription Writing.

H. Licherman, in the *New York Medical Journal*, makes a plea for the use of the metric system in prescription writing, and gives some practical suggestions for its adoption.

To simplify the method as much as possible, he says, we must take a prescription of a certain size, having a certain number of doses as a unit; so we take a two-ounce mixture, a teaspoonful at a dose. This would make approximately fifteen doses; not quite, but this number is close enough for practical purposes, and above all, makes a number that can be easily doubled, tripled, or quadrupled, as necessity may require. Now, two ounces are approximately sixty grams, and one gram contains approximately fifteen grains. This being the case, one can easily see that all we have to remember is the dose of the drug *in grains* to be able *immediately and without any uncertainty* to put down the number of grams for the entire sixty grams (or c.c.) mixture (the dose being one teaspoonful or approximately four c.c.). Take, for example, potassium acetate and potassium bromide. We wish to give fifteen grains of the former and ten grains of the latter at a dose. Without more ado we write the prescription so:

G. or C.C.

Potassii acetatis	15
Potassii bromidi	10
Syrupi	q. s. ad 60
Aquæ	q. s. ad 60

Sig.: One drachm in half a tumbler of water, *er in die, post cibum*.

In the signature I say one drachm because that amount has grown to be synonymous with teaspoonful. It adds to the simplicity of things.

When the dose is less than a grain, it is just as easy. We simply take that decimal part of the gram which our dose in parts of a grain indicates. Suppose we prescribe gr. $\frac{1}{4}$ of codeine sulphate:

	G. or C.C.
Codeinæ sulphatis	25
Syrupi tolutani 30	
Aquæ q. s. ad 60	

M. Fiat solutio. Sig.: One drachm *tertia quaque hora*.

The amount of syrup of tolu is about thirty minims, or about half a teaspoonful.

Alkaloids, and other drugs like arsenic, mercuric chloride, etc., which have very small doses, must be approached from another direction, but this is one which leads just as straight as the other to simplicity. We take strychnine and atropine for our standards. We will say that the average dose of strychnine is 1-60 grain and that of atropine, 1-120. That would be in the metric system one milligram for strychnine (0.001), and half of that for atropine (0.0005). All the other strong drugs can be calculated from these two standards, as can variations in dose:

	G. or C.C.
Strychninæ nitratis	015
Atropinæ sulphatis	0075
Aurii et sodii chloridi	03
Aquæ q. s. ad 60	

M. Fiat solutio. Sig.: One drachm *his in die*.

Here strychnine nitrate was given 1-60 grains per dose, atropine sulphate 1-20 grain, and gold and sodium chloride 1-30 grain. The best and easiest way is to calculate the number of doses for the total, as follow: For strychnine, $0.001 \times 15 = 0.015$; for atropine, $0.005 \times 15 = 0.0075$, or half of 0.015, as 1-20 grain is half of 1-60 grain.

Suppose we wished to give the strychnine in doses of 1-45 grain instead of 1-60 grain; that would be half as much more: instead of 0.015 for the entire amount it would be 0.022. The same way 1-30 grain to a dose would be twice 0.015 or 0.03. In this way the size of the dose can be very finely regulated

Suppose we wished to make the foregoing prescription suitable for hypodermic use, and we wanted, say, ten drops to contain the dose as prescribed above (i. e., strychnine nitrate, 1-60 grain; atropine sulphate 1-20 grain, and gold sodium chloride, 1-30 grain), if we wished to make about fifteen doses, the total amount of the drugs would remain the same, but the solvent would be added up to

ten c.c. instead of to sixty c.c. (15×10 drops = 150 drops, or 10c.c.) as follows:

	G. or C.C.
Strychninæ nitratis	015
Atropinæ sulphatis	0075
Aurii et sodii chloridi	03
Aquæ destilata	q. s. ad 10

M. Fiat solutio: Sig.: Given ten drop hypodermically morning and night.

A very interesting short cut is noticed about the hypodermic solution; in the standard fifteen dose prescription the number of drops to contain the amount for one dose corresponds to the number of cubic centimeters that the whole is made up to. In the foregoing prescription, if we added distilled water to twelve c.c., we should have to give twelve drops to have the patient get the required dose. If made up to fifteen c.c., fifteen drops would have to be given, etc.

If the pharmacist finds any difficulty in weighing milligrams or parts thereof, he may use the ready-made hypodermic tablets. Those for atropine, for example, come in 1-25 grain sizes, and fifteen of these may be dissolved in the mixture to make up the required seven and one-half milligrams.

Medical Brief.

Hay-Fever Hints.

We are now well into the season when the services of the physician are urgently demanded by the victim of vasomotor rhinitis—a season dreaded not alone by the patient, but, not uncommonly, by his medical adviser as well. Particularly is this true of the latter if he has not kept abreast of the most modern ideas on the therapy of hay-fever. In any event the disease is one that tries the patience and calls for the application of remedial agents that have been proved beyond peradventure.

In the treatment of hay-fever the physician rarely has an opportunity for the application of preventive measures. His help is usually sought only after the attack has manifested itself—when the patient is suffering (acutely, in most cases) from the ravages of the disease. Effective treatment is then demanded—and promptly, too. Administration of the suprarenal substance in the form of its isolated active principle, Adrenalin, is undoubtedly the wise procedure at this juncture. One feels safe in saying this in view of the long and effective service which has been rendered by this agent in critical emergencies.

There are a number of forms in which Adrenalin is successfully used in the treatment of hay-fever. Adrenalin Chloride Solution and Adrenalin Inhalant come naturally to mind in this connection. The substance is also incorporated in the several Anesthone preparations—

in Anesthone Cream, Anesthone Inhalant, and Anesthone Tape, all worthy of confidence, and especially worthy of trial in cases in which for any reason the older Adrenalin products seem not to be indicated. The Adrenalin and Anesthone products, as is well-known perhaps to most physicians, are manufactured by Parke, Davis & Co. An exposition of their uses in the malady in question, together with the technique of administration, is now appearing in the commercial pages of the leading medical publications. Practitioners are advised to consult these current announcements.

A New Conscience in Medicine.

TO THE EDITOR OF THE MEDICAL RECORD:

SIR:—To my mind this must come and very soon for imperative reason, i.e. because the common sense of the community demands it. More and more the public is led astray. In excessive specialism in ultrascientific endeavor, in exaggerated efforts of preventive medicine, sight is lost to curative measures most valuable to ill people, and broadest humanity surely disappears. The teaching, not infrequently, of distinguished leaders, is not always preservative of what is best. Take our Association of American Physicians, and what do we find? Papers read, usually, which could be discussed with profit only by physicians fresh from laboratory research, and to whom care of the sick outside hospitals has relatively minor interest and importance.

Go into advanced city hospitals and what do we find? A corps of ambitious young men who have captured them and carry the responsibilities of hospital wards, filled with patients of divers sorts and origin, and, therefore, in need of all available knowledge. And yet the consultant physicians and surgeons, in general medicine or surgery, are, as a rule, figure heads, which serve slightly useful purpose. Why? Simply because what they could give is no longer properly valued, i.e. wise counsel and guidance. Preventive medicine, rightly estimated, is of primary importance and not medicine, or surgery, which alleviates misery and disease when they occur. And yet to prevent acute or chronic disease, except in limited degree, means complete change of previous modes of life, often practically impossible, or neutralization of seasonable influences. Over the latter we have no control, although they bring now, as always, epidemic diseases, variable as to spread and intensity. At present we require more rational philanthropy and less scientific research in the care and treatment of ill people.

The human machine should be wisely guided and restrained to secure and preserve health. When, from one cause or another, it is not attained or kept, it may be ameliorated, not by subversive and

novel methods, but by simple means and judicious control. Wisdom of ages counts, so does experience from wise empiricism. Both have shown indubitable facts, clinically, and carry with them mental and bodily welfare. Every fresh influx of aspiring physicians and surgeons should not attempt to change them. Our noble art must not be a victim of over-weening ambition or of thirst for gold. It must remain true to antecedents and idealism of the best kind.

BEVERLEY ROBINSON, M. D.

The Record.

The Two Platforms.

The subject of the public health and its safeguarding is touched upon in the platforms adopted at Chicago and at Baltimore. The latter contains the following plank: "*Pure Food and Public Health.*—We reaffirm our previous declarations advocating the union and strengthening of the various Governmental agencies relating to pure foods, quarantine, vital statistics, and human health. Thus united and administered without partiality to, or discrimination against, any school of medicine or system of healing, they would constitute a single health service, not subordinated to any commercial or financial interests, but devoted exclusively to the conservation of human life and efficiency. Moreover, this health service should cooperate with the health agencies of our various States and cities, without interference with their prerogatives or with the freedom of individuals to employ such medical or hygienic aid as they may see fit."

The Republican declaration reads as follows:

"*The Public Health.*—The Republican party is now, as always, a party of advanced and constructive statesmanship. It is prepared to go forward with the solution of those new questions which social, economic, and political development have brought into the forefront of the nation's interest. It will strive not only in the nation but in the several States to enact the necessary legislation to safe-guard the public health, to limit effectively the labor of women and children and to protect wage earners engaged in dangerous occupations; to enact comprehensive and generous workmen's compensation laws in place of the present wasteful and unjust system of employers' liability, and in all possible ways to satisfy the just demands of the people for the study and solution of the complex and constantly changing problems of social welfare."

—*The Record.*

Chest Examination.

A life insurance company's medical department promulgates among its examiners the following useful reminders for thoracic diagnosis:

WHEN EXAMINING THE HEART, REMEMBER:

1. To look for the location of the apex beat, and note any deviation from normal on the diagrams. (See examination blanks.)
2. To look for signs of interference with the return circulation, such as enlarged veins over the chest, etc.
3. To look for cyanosis, as indicated by the color of the skin and mucous membranes, finger nails, etc.
4. To detect the slightest sign of dyspnea after exertion.
5. To note the amount of hypertrophy, if any, on the diagrams.
6. To carefully listen at the mitral, pulmonary, aortic and tricuspid areas for murmurs, indicating location of same on diagrams.
7. To ascertain if a murmur is transmitted to the axilla or carotids.
8. To carefully listen in order to detect intermittency or irregularity in the heart's action, and differences in the length of the systoli and diastoli.
9. To look for pulsations in the epigastrium and other localities.
10. To carefully examine for evidences of arterio-sclerosis.
11. To take the pulse for one minute and record quality, condition of the radial artery, etc., as well as the number of beats per minute.
12. To inquire as to bleeding piles and varicose veins.
13. To inquire as to swelling of the feet and ankles.
14. To bear in mind that plethoric people with thick necks, inclined to obesity, are prone to apoplexy.
15. Procure a sphygmomanometer and take the blood pressure of every applicant when possible.

IN EXAMINING THE LUNGS, REMEMBER:

1. To always examine the chest without clothing.
2. To look for bulging of the interspaces, flat chest and chicken breast.
3. To note the condition of skin, whether it is unduly moist, cold or clammy.
4. To note the rapidity of the respirations.

5. To note if both sides of the chest rise and fall together.
6. To percuss for dullness from the apex beat, anteriorly, posteriorly and laterally.
7. To locate râles, describe and indicate on diagram.
8. If pulse is above ninety, and there is no apparent reason, take the temperature. (A pulse 90 or over which can not be accounted for in any other way is always suggestive of tuberculosis.)
9. To note if the voice is strong, steady and firm; to look at the mucous membranes and observe if they are normal in color.
10. That in the early stages of pulmonary tuberculosis, cough may be absent.
11. That a phthisical applicant may have rosy cheeks.
12. To note if the clothes fit well. (It often happens that loss of weight is denied, while the fit of the clothing tells a different story.)
13. To ask if he suddenly perspires during the day, and without laying apparent stress upon this incident if he answers "yes," ask if he does so at night.
14. To stand directly in front of the applicant, placing fingers just above each clavicle, ask him to inspire deeply. If the apices are diseased, applicant will probably show evidence of pain or soreness as the inflated lung comes against the fingers.
15. To stand directly in front of applicant, placing each hand on either side just below the floating ribs, asking him to inspire deeply, and while he is so doing press in firmly. Tenderness will suggest pleuritic adhesions.
16. That a prolongation of the expiatory sound if uniform over the chest and not dependent upon emphysema, should not be recorded.
17. That a few crackles bilateral, at the base, and not associated with dullness are not necessarily important, but you should record your interpretations of them.
18. That as we grow older the respiratory sound becomes harsher and less vesicular, and may be increased in intensity or diminished. (If these conditions are uniform in an elderly person, and are not due to emphysema, they need not be noted.)

—*The Medical Brief.*

When we wish to dry the flow of the mother's milk, as in cases of death of the child, or at weaning time, the application of an ointment containing belladonna will accomplish it in short order with no detrimental effect.

Wood Alcohol Poisoning.

The New Jersey State Board of Health has just brought to a successful finish a campaign for the enforcement of the pure food law, in which hundreds of gallons of liquors and cordials having wood alcohol for their base have been seized and dumped into the sewers. The product was found in the possession of Italian tradesmen and the crusade was started by the Italian Consul in New York, who appeared before the Department of Agriculture with five of his countrymen who had been poisoned by the fluid, two being blind and the three others in a serious condition. Investigation showed that a wine blending and importing company in New York had been handling the stuff and that it had been largely used in the Italian colonies at weddings and funerals.

—*The Record.*

Book Reviews

An essay on Hasheesh including observations and experiments by Victor Robinson, Contributing Editor Medical Review of Reviews, Pharmaceutical Chemist, Columbia University, Member of the American Chemical Society, Author of Pathfinders in Medicine. Medical Review of Reviews, 206 Broadway, New York, 1912.

This little book (which is very neatly arranged), contains an interesting description of Cannabis Indica. It is sold for fifty cents and the reader will obtain more than twice that amount of information and amusement from it.

Contribution to the knowledge of Nucleoprotein Metabolism, with special reference to Uricolysis and to the Properties of Uricase. Dissertation submitted in partial fulfilment of the requirements for the degree of Doctor of Philosophy in the Faculty of Pure Science of Columbia University. By David Alperin, Ph. L., M. D., New York City, 1912.

A reference to the bibliography which occupies ten pages shows the amount of careful reading and experimentation that was necessary for the preparation of this Dissertation.

Our congratulations are extended to Doctor Alperin.

Minutes, Fifty-Second Annual Meeting of the Eclectic Medical Society of the State of New York. Held in Albany, March 27 and 28, 1912.

For a copy write to Geo. R. Thompson, M. D., secretary, Luzerne, New York.

Items

Dr. Grover C. Glenn of the class of 1912 has opened offices at 81 Main St., Salamanca, N. Y.

Married June 2nd, 1912, Ruth Waldman to Dr. Hyman Feld.

Send for catalogue of the Eclectic Medical College of the City of New York. It contains a full detail of the course.

J. B. Davis, M.D., has removed his office from Pontiac to Peoria, Illinois.

The following graduates of the Eclectic Medical College of Cincinnati have been made permanent life members of the Alumnae Association, without dues, as each have contributed \$100 or more to the Permanent Endowment Fund of the college:

A. P. Taylor, M.D., class '71, Columbus, O.

John Uri Lloyd, Phr. M., Cincinnati, O.

Lee Strouse, M.D., class '87, Covington, Ky.

William P. Best, M.D., class '88, Indianapolis, Ind.

Lyman Watkins, M.D. (deceased), class '77, Blanchester, O.

Thomas Jensen, M.D., class '74, Spring Grove, Minn.

George Washington Boskowitz, M.D., New York City.

John King Scudder, M.D., class '88, Cincinnati, O.

Wilbur E. Postle, M.D., class '90, Columbus, O.

The permanent endowment fund of the College, including the annual pledges of the Alumni, now amounts to the snug sum of \$16,317. This produces an annual income of \$815 for general college purposes.

Fine opening for a young doctor at Gaylordsville, Conn. For particulars write to Dr. S. B. Munn, Waterbury, Conn.

Dr. Chas. B. Graf has removed to 1370 Lexington Ave.

Dr. Katherine L. Storm who a few years ago patented the Storm Binder has recently obtained patents in England and Canada on this supporter, also another patent in the United States for improvements that have been made to meet the extended requirements for a high belt for floating kidney-ptosis, etc., with a minimum of pressure, heat and weight across the back of the patient.

College opens September 12th. So hustle along your students.

Dr. Pearlstien and family are enjoying their vacation at Bay-shore, Long Island.

Serene Old Age.

From Tuxpan, Mexico, comes the report, since duly confirmed and attested, that Jose Calvario died at that place recently, having reached the age of 185 years.

There ought to be in the career of Sr. Calvario a lot of lessons, moral and hygienic, but the sorry truth is that for 165 years decedent had drunk liquors favored in his habitat; for ten years longer than this had smoked cigarettes; always eaten what he wanted when he could get it, and bathed as often as by mischance he fell into the water.

Now if an Aztec Indian absolutely ignorant as to food values, unversed in sanitation, possessed of no "New Thought" involving the resolution to just keep on living forever, can come so near living forever, there appears no reason, except perhaps the multiplicity of automobiles, why anybody should knock off work and die under a century.

—*The Sun*.

The catalogue of the Cotner University-Medical College with courses of study and announcements for 1912 and 13 has been received. The Eclectics of Nebraska should rally to its support and maintenance. This is the only Eclectic Medical College that is an organic part of a great University and a successful future is assured if it receives the support it should from liberal practitioners.

Dr. T. W. Pomroy is spending the summer at his beautiful home, Pembroke, Maine.

Look through the advertising pages of the Review carefully. It will pay you.

Have you received a copy of the minutes of the last State meeting? If you have, carefully read the "fee splitting" resolution.

Diamond George has quite recovered from his recent indisposition, and is again carrying weight for age.

The equipment and research fund association continues to receive encouragement by unexpected liberal contributions. Keep up the good work.

The catalogue of the Eclectic Medical College of the City of New York, contains much valuable information. Write Dean Hardy for a copy.

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GENERAL PRACTICE.

A. BLAUSTEIN, M.D.,
421 6th St.,
DISEASES OF CHILDREN.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. XV.

NEW YORK, SEPTEMBER 15, 1912.

No. 9.

The Shame of It.

The present crusade of certain agencies to fill the minds of the people with disease-fear and make them a race of cringing cowards, "fleeing when none pursue" is a shame to the medical profession and a disgrace to civilization. Instead of teaching health and how to retain it and holding before the people a picture of health instead of disease, these agencies dangle the skeleton of disease before their eyes and preach death to their ears. Instead of striking at the root of the difficulty—POVERTY, and doing all they can to ameliorate the condition of mankind, they attempt to frighten it into practices that would shame a Hottentot and excite the envy of a Bushman.

In the city of Los Angeles, at the present time, the Health (?) doctors have some of the people scared stiff and others mad as hornets, by erecting the specter of Infantile Paralysis.

In a letter received today from a prominent citizen of Los Angeles he says: "Your special attention is called to the report of the investigating of a number of supposed cases of the disease as made by Councilman Topham. Each case so far investigated by him has proven to be other than infantile paralysis."

"The health activities of our city are in the hands of a Health Commissioner who has unlimited authority to make such regulations as he desires in times of epidemics. Under his arbitrary ruling all children under fifteen years of age have been excluded from the city play-grounds, public gatherings, Sunday-Schools, theatres, etc. The absurdity of this ruling is apparent when the children excluded from the above named places are allowed to congregate on the dusty streets, use the street cars and visit stores.

While we believe that Dr. Powers has acted in good faith, there is no doubt whatever, that numbers of unscrupulous physicians have been taking advantage of the panic to reap a financial harvest by preying on the fears of frightened parents."

The above carries the thought, that some physicians are not above suspicion in that they take advantage of the fear instilled into the minds of the people by health departments.

The Los Angeles Daily Tribune, of August 20th, has this to say concerning this subject: "Inconceivable damage has been done Los Angeles by a baseless scare. Without justification, with nothing more than the theory upon which to work, children have been pre-

vented by the Health Department of the city from gathering as is their wont during the vacation period. Amusement places, Sunday schools and meetings of all kinds have been prohibited. News of these acts on the part of the Health Department has spread beyond the confines of the City Council. Papers in other cities and other states have received correspondence from Los Angeles or have noted the doings of the Health Department and have spread the alarm. Hundreds of columns of detailed descriptions of the excitement caused by the alleged epidemic have been published and spread broadcast. Los Angeles has been made the victim of a foolish fright. * * * * * That there is nothing in the infantile paralysis scare has been amply demonstrated within the last week. Many of the cases which had been reported as infantile paralysis have been investigated and found to be nothing of the sort. In fact, many of the instances reported as the dread disease were found to be nothing more than the disordered stomachs of children due to the consumption of improper food—an illness common to childhood the world over, and one rarely of more than twenty-four hours duration. One reputable physician has reported on seventeen cases examined. Of this number fifteen were found to be mere passing indispositions. Two only possessed any symptoms attributed to infantile paralysis, and neither of these has developed into that malady. In this instance 90 per cent. infantile-paralysis-insanity is proved to have actuated the reporting physician. The Tribune believes with the merchants of the city that the time has come to call a halt. Infantile paralysis is not epidemic in this city or any other portion of California. There is no authentic proof that even one case of it has occurred here, * * * * * and few physicians have the temerity to even suggest that this disease is contagious or requires quarantine. The Tribune will be glad to lend its aid in putting a stop to this senseless scare."

In another issue of the Tribune, we find the following: "Another case was investigated by Councilman John Topham. He found two children in a yard and could not tell which was ill. He was informed that one had fallen off the porch and the other had not. Both were quite well, but the house was quarantined and the attending physician declared the boy had infantile paralysis. The eating of too many carrots was the cause of the illness of another child whose trouble was diagnosed as infantile paralysis, though a complete recovery was effected in a day.

Here we have a fair sample of what our health doctors will do if they get a chance. It shows what is being done all over the United States to frighten the people into a senseless dread of disease. It is an indication of what would happen if the people should turn the matter of their health over to political hirelings.

Every one possessed of a limited knowledge of the subject knows

that the element of fear plays a conspicuous part in disease and death of men. Then to constantly instill such fear into the minds of men, women and children as is being done at the present time, is a crime which must in the end react upon its perpetrators. Sometime the people will "get wise" to this method of graft and revolt; then woe to the political doctors.

The people should be taught health, but not by scaring them to death. Better let them die a natural death. There is too much meddling with the communities' affairs by the political doctors, who by reason of their political position assume to run the whole chebang. We have too much of him. May his days be numbered and his end sudden.

Infantile paralysis is no more prevalent now than formerly, but is perhaps recognized more readily, and is being used as a bugaboo to frighten people into a belief that their welfare depends upon the fellow who, with a sheepskin under his arm hunts him a job as a hired man. Give this job-hunting doctor enough latitude and he will make of the people a race of lunatics.

The best thing the people could do would be to turn the rascals out, live according to common sense, abolish poverty, supply themselves with good food, good clothing, etc. and be temperate in all things.

Contagion is often a mental aberration and has no existence in fact.

The physician above all men should maintain a thorough mental poise. His mental attitude has much to do with the recovery of the sick as well as with the seriousness of the illness.

We are getting sadly out of balance in these latter days.

STEPHENS.

Hints and Winnowings.

Cases are numerous in which carefully considered and judiciously expressed opinions of the family doctor have a far-reaching influence. This is especially true in all matters which make for improved moral and social conditions. Well established hygienic rules and modes of dress, as well as the care and education of children, would seem to properly come within the sphere of the doctor's suggestions. Some of these subjects should be given thorough study and thoughtful investigation before an opinion is expressed, but there are other matters so clearly unwise and so plainly injurious in their effects that nothing can be said in their favor. The absurdity of teaching sex knowledge to a child who is but little more than an infant is so self-evident that it may well come within the latter class. The "new woman" and others who are so fond of prattling in the lay press concerning this form of education could easily become better engaged. If they would use some of their misdirected energy in an attempt to abolish the fashionably tight and clinging dress that is now being

worn by many young women, it is more than possible that some good might be accomplished, for the *form-exposing* dress referred to cannot fail to prove detrimental to the morals of every community in which it becomes the favorite dress of thoughtless women. "To the pure all things are pure" sounds good—very good—but that human beings are not all angels is a rock-ribbed fact worthy of a reasonable degree of consideration.

In an excellent and timely article, the editor of *American Medicine* well points out the need of reform in female dress, as well as the danger which might follow the wearing of this particularly offensive style. In part Dr. Lewis says:

"It is inconceivable that modest, pure-minded women will be willing to adopt styles that admit of conclusions concerning their morals so contrary to their real intentions. But the extremes to which many young and imprudent females have gone in the effort to be up to date and *chic* are dangerous in the extreme, not alone because of the constant invitation to improper advances from the wolves in men's clothing who are ever seeking their prey, but also because of the effect on the sexually perverted and the possibility of inducing sexual crimes by degenerates. It is all well enough for the superior-minded purists to say that "to the pure all things are pure," and that the so-called evils of feminine dress are born in the minds of the lascivious and lustful. Some of this may be true. Nearly every man of normal appetite has a bit of Adam in him. Happily most men are dominated by innate decency and the respect they feel for womankind. Our daughters, sisters and wives have little to fear from most men, no matter how they dress. But every medical man of large practice and experience knows only too well the fires of perversion kindled by the present dress of young, voluptuous females. Freud's studies showing the sexual origin of countless nervous and mental affections emphasize the foregoing and leave no doubt that immodest dress is responsible for many a young girl's downfall and ruin.

"Good women—and thank God, most women *are* good—will refuse to wear extreme and immodest apparel when they realize what construction is placed on their bravado or imprudence by mankind in general. No good girl can afford to allow even the slightest suspicion to attach itself to her character. Therefore she cannot choose her dress with too great care, for a single indiscretion or bit of daring may create an impression in the mind of some one that can never be removed. We are quite willing that a few may question the propriety of a scientific journal entering the province of woman's fashions. We and every other experienced physician know that the *risque* styles of the present day have a psychologic bearing on a good many susceptible mentalities, and as the modern physician is beginning to realize the importance of prophylaxis as well as treatment in ministering to dis-

eased minds as well as diseased bodies, we doubt if we are very far afield, after all. Our only hope is that thinking men and women will awaken to the great importance of the subject and do their part in spreading the gospel of dressing modestly and decently. Let a certain class of femininity go to the extremes of immodesty and indecency, if they will, but not those who know the real significance of modesty and chastity."

A male infant cripple recently admitted to the New York Post Graduate Hospital has been fully restored to a normal condition by bone transplanting. The transplanted bones were taken from the bodies of healthy infants who had suffered violent deaths and been placed in cold storage. The little cripple was born with club feet. The operation was performed by Dr. F. H. Albee, a noted orthopedic surgeon. Two bodies of infants who had died of strangulation were available. From one was taken a thigh bone and from the other a bone from an arm. The bones were reshaped in such a manner as to serve the purpose for which they were needed, the work being done while the chill was in the bones.

There were really two operations in one. First an incision was made in one of the deformed feet and the ligaments cut so it would assume normal position. Then the missing part of the skeleton made up of the human bone for that foot was put in place so it formed a juncture between the heel and the toe bones. The surgical wound was then closed with sutures and the foot placed in a plaster cast to give the transplanted bone rest until nature should adopt it as part of the skeleton of the foot.

An operation exactly similar, except that the missing part of the skeleton had been slightly differently shaped out of the bone to be transplanted, was performed on the other foot, and it was placed in a plaster cast.

The combined operations occupied only about half an hour. The little patient came out from the effects of the anaesthetic with no symptoms of shock. There was but one thing to guard against, and that was the breaking or moving of the casts until the proper time should arrive. Nurses kept careful guard over the boy in bed, for he was strong and playful and seemed to suffer hardly any pain as a result of the operation.

When the plaster casts were removed, the boy's feet were found to have assumed a normal shape.

Out of chaotic elements previously existing, and his own observations and investigations, Dr. John M. Scudder built up the most rational and efficient practice of medicine ever vouchsafed to suffering humanity. A careful reading of the writings of Wooster Beach will reveal many valuable facts afterwards developed and enlarged by Dr. Scudder. Some of them were obtained from Dr. Bone, a botanic

physician of great skill, who, in 1776, settled near Newark, N. J. He was among the Hessian prisoners captured by Washington's army. Many of Beach's ideas were taken from Galen, who, it will be remembered, depended largely upon the vegetable kingdom for his remedial agents. Galen should, therefore, be considered one of the fathers of eclectic medicine. Dr. Jacob Kid, another prominent botanic physician, also furnished Dr. Beach with some valuable suggestions which he obtained from a German physician.

In the lay press I notice that some of our Western members are now actively engaged in opposing vaccination. It would seem at this late day as if such opposition was but little short of a waste of energy. Accidents may have happened, but, take vaccination as a whole, it has been and is a great blessing to the human race. I have employed the virus more than five hundred times—in one smallpox scare I vaccinated one hundred children within twenty-four hours—and yet I have never seen the least evil effect from the procedure. At times some of our members have apparently taken the wrong side of important questions. If this view is a correct one, the experience thus acquired may prove a warning against certain mistakes and undesirable alliances.

It is now shown beyond a doubt that the bubonic plague has reached the coast towns of Cuba and Porto Rico. The cases thus far reported have not been of the most severe type, but the fact of the presence of the plague on these islands has caused some of the cities of the Atlantic and Gulf coasts to begin killing off rats and otherwise safeguarding against the advent of this Asiatic life destroyer. The Public Health Service has issued a report giving methods of killing and quarantining against rats. The report also draws attention to the fact that the plague is "primarily a disease of rodents, and secondarily and accidentally a disease of men."

In refusing to ally itself with the "League for Medical Freedom," the National Eclectic Medical Association not only acted wisely, but took a position which cannot fail to meet with the approval of all who realize the importance of keeping the eclectic school of medicine free from all unnecessary and undesirable affiliations. An offensive and defensive alliance with the homeopathic school against the American Medical Association, however, would make for progress, as it would better enable the two schools to maintain their rightful positions in the medical world.

No doubt many persons have noticed in the lay and medical press vague statements in regard to the "Montessori Method," and possibly some have been unable to find out just what this high sounding phrase means. Now listen! The "Montessori Method" is the education of the visual perception of differences and dimensions in children of pre-kindergarten age.

In auto-intoxication dilatation of the pupils is an invariable symptom that indicates absorption of fecal toxins. In absorption of urine the pupils are contracted.

FYFE.

Original Articles

Address by John T. Sibley, M.D.

Delivered at the annual meeting of the N. E. M. A., Washington, D.C., 1912.

Mr. President, Ladies and Gentlemen:

As the Eastern representative of the National Eclectic Medical Association, I greet you today, and bid you welcome to the section of our land where Eclecticism had its birth, and where it was rocked and nurtured in the cradle of hardships and oppression. It is exceedingly appropriate that an organization that is so essentially American should hold its most important meeting at the Federal capitol. It is especially fit and proper that we should meet where there are so many reminders of the spirit of '76; for the motives that prompted the American Colonists to throw off the yoke of British oppression, were the same that actuated the pioneers of Eclecticism to throw off the yoke of Allopathic ignorance and conservatism. No matter how carefully transplanted or how thoroughly fertilized, the seeds of tyranny and oppression cannot thrive in American soil; whether they be the seeds of political thralldom or the seeds of medical despotism, and the steadfastness with which the martyrs of the Revolution kept up the fight for justice in the face of tremendous odds is the same that has characterized the work of our Eclectic leaders, and the results are going to be just the same.

Our Declaration of Independence was made when that little band of heroes met in the City of New York nearly ninety years ago and laid the foundation of the only system of medicine with a rational system of therapeutics. The smoldering fires of medical liberty could no longer be pent up, and they burst forth into a flame that has not only lit up the medical world, but has illumined the minds of thousands and thousands of the best people in the land whose confidence and esteem we enjoy today.

That meeting in New York in 1823 was the signal for a fight in which the stronger forces used every means in their power to crush the weaker, for nothing was too vile, too mean or too false to say concerning the Eclectic physician and no plot or scheme too disreputable to attempt in the efforts to destroy him. But Eclecticism being founded on truth has weathered successfully all the storms of persecution and vituperation, has entrenched itself im-

perturbably within the citadel of honor and justice and will preserve for the common good the greatest boon to suffering humanity; a liberal common sense system of medicine.

In its beginning, Eclecticism was not treated seriously by its enemies, and it was their opinion that the concussion of a good hearty laugh would be sufficient to explode it and scatter its pretenses so widely that they could never be again re-assembled. Ridicule and sarcasm were the weapons used and few arguments against the new system were made. Why should argument be necessary? Had not the science of medicine been the same for ages? Was it not good enough for kings and queens of centuries ago? If so, was it not good enough for the poor, simple mortals of today?

But for some reason the people began to look into the new system, and it grew just in proportion to the amount of ridicule heaped upon it. Many could not forget that they had been painfully blistered under a barbarous system, some could not forget that they had been salivated till their teeth were gone or had suffered the horrible effects of other forms of mercurial poisoning; some could not forget how the vital functions had been seriously disturbed by senseless blood letting; some could not forget the physical distress caused by excessive purging or vomiting and were eager for some less cruel and more scientific system.

In the course of a short time it was discovered that the movement for medical reform could not be killed by ridicule, and the next argument of the tyrant and coward was attempted; Eclecticism was to be killed by abuse. Every offensive opprobrium mingled with every form of malice and deceit was hurled against our system; but against the parapets of truth, no amount of ridicule and abuse can prevail, for this splendid meeting of cultured and intelligent men and women answers in terms that cannot be misunderstood, the question—Has Eclecticism made good? The old school people have demonstrated that they are no match for us in a fair, square fight before the people, for they are unwilling to match their system against ours in a practical way. Their constant effort to enlist some powerful outside influence is proof enough of this assertion, for history does not record an example of a more contemptible spirit than that which actuates many of the dominant schools of medicine in constantly seeking the aid of legislation to harass us. This is the last stand, for the idea that the people are incompetent to judge of these matters for themselves, is on a par with the idea of the British Government years ago, that the American people did not possess intelligence enough to know which was best for them. British authority died when it thought itself strongest and old school domination will die as well.

The limit has been reached and the pendulum of public opinion drawn by the power of American lever of fair play is about to swing the other way, and it will sweep before it every vestige of tyranny and despotism that stands in its path. The unjust medical legislation attempted annually in many of the states will come to an end. Every session of the legislature of New York finds some bill on the calendar designed to hurt the cause of liberal medicine, and especially our college. We have met every requirement and we are proud of the fact that in spite of meddlesome and unfair legislation our college, judged by the record made by our graduates before the State Board when seeking their licenses to practise, stands very high in the State. These are not idle words. The records at Albany will bear me out in this assertion. While I am not in possession of the facts concerning the situation in other states where there are Eclectic colleges, I feel quite sure that the same may be said of them; for the Eclectic colleges are well equipped and the faculties are composed of the best medical men in the country.

We could not be killed by ridicule, we thrived most luxuriantly on persecution and legislation designed to annihilate us has had the effect of drawing attention towards us and showing the people just how good we are. All these factions have made the enemy more determined, and while in a certain sense the white flag of truce is being waved, the fight has only assumed a different form and the effort is now being made to smother us to death with kisses and caresses. Mr. Allopathic Spider is most graciously importuning Miss Eclectic Fly to step into his parlor. We have all been asked to join the allopathic societies, we have been asked to consult with allopathic physicians, we are often asked to write for their publications. As a rule these invitations have been prompted by sinister motives or are not made in good faith, but simply for the purpose of destroying our identity, for amalgamation means assimilation or annihilation.

The conservatism of the medical profession has been exceeded only by its intolerance. No improvement in the healing art was ever made that did not meet with violent opposition from some source, and it sometimes seemed as if there was genuine rivalry as to who would roll the biggest stone in the pathway of medical progress. Harvey was ostracized and banished from his country for announcing his theory of the circulation of the blood. Mondini, who first dissected a human body in the interest of science and who published a small treatise on anatomy, was held up to scorn and his act brought out such a protest that it was two hundred years before another human body was dissected, and not then at the instigation of the medical profession, but by order of the church. In the meantime, anatomy was studied by dissections upon horses and

hogs. When Ambrose Pare introduced the ligature and tied the arteries instead of applying boiling tar according to the old custom, **he was denounced with reckless violence** for daring to suspend human life on a thread.

Dr. Thomson, the botanic physican, became the target for all kinds of abuse for modestly announcing his discoveries concerning the therapeutic value of some American plants, and for his persistence in the matter was thrown into jail. When Anton Mesmer was curing his patients by the hundreds daily through psychic influences, that had failed to get relief through the usual methods, he was persecuted till he was practically driven into exile. When Ondel, the French dentist by the use of psychic influences succeeded in extracting teeth painlessly, and asked permission to read a paper on the subject before the Academy of Medicine, he was grossly insulted and told that the society had no time for such nonsense.

When the anaesthetic properties of chloroform were discovered and the terror and pain of surgical operations seemed a thing of the past, its use was heartily condemned and some physicians went so far as to attempt to have its manufacture prohibited by law.

Such examples of medical conservatism might be continued indefinitely. Suppose you should take from the physician his clinical thermometer or his stethoscope, would you expect him in many cases to be able to make a correct and accurate diagnosis? Without these valuable aids he would often be groping in the dark with nothing to guide him. And yet after De Hæen had used the clinical thermometer for years in his practice, declaring just what we know to be true today, that it is impossible to accurately determine the temperature of the body by the touch of the hand. The medical profession positively refused to consider its merits, denounced the inventor as a charlatan and quack, and for more than one hundred years that most useful of all our appliances laid fallow and the old inaccurate methods were continued.

Dr. Elliotson, the first physician of note to use the stethoscope, was deposed from his position as head of the University College Hospital of London upon several charges, the most serious being that he had used a stethoscope.

The status of medical science at the advent of Eclecticism was practically the same that it had been for five hundred years, and since the awakening caused by the crack of the Eclectic whip, there has been more progress made in medical science than had been made in a thousand years before. We do not mean to claim that the wonderful improvement in medical science has been made entirely by **Eclectic investigators and physicians**, for many honest, earnest men of all schools of medicine have been most assiduous in the work of improvement, but we do claim the present high standard of

medicine is due in a great degree directly to the efforts of the early Eclectics who laid bare the fallacies of the old system and cleaved the pathway to medical reform of the obstacles that ignorance and conservatism had place there. If the medical profession were willing to continue the methods of a thousand years before, it might have been content to let things go on in the same old way for a few centuries longer.

It is one of the most remarkable facts in history that while the other sciences were bounding along with tremendous strides, and in almost every line of human thought rapid advancement was being made, the science of medicine stood still. While the men of science in all directions were doing their utmost to speed the car of progress along the highway of improvement in order that humanity might be benefited, men of the medical profession sat complacently by the roadside, happy and satisfied in their ignorance. When geology had penetrated the crust of the earth and told of its wonderful formation and had read from the myriads of fossils the progress of life on the globe; when zoology and botany had taken their places as important branches of human knowledge, when chemistry had analyzed and explained the various product of the animal, vegetable and mineral kingdoms, the science of medicine was limping along in the same old rut where it had been for ages. When astronomy had reached out far beyond the limits of the solar system among the millions of suns and scintillating spheres that whirl unshaken through the immensity of space; when mechanical science had enabled man to breakfast on the shining shores laved by the tumbling waters of the Atlantic, dine on the cloud kissed crest of the Alleghenies, and sup where the whip-poor-will calls in the beautiful valley of the Ohio, every effort to improve the healing art was met by derision and contempt.

In certain directions, especially in the field of bacteriology and in serum manufacture, the old school people have been most assiduous in the past few years, and if the results of their efforts were really as beneficial as they claim, all praise would be theirs. In their efforts to locate some new microbe, or to produce some new serum from a sick horse they have lost sight of rational therapeutics, the most important branch of medical knowledge. The valuable discoveries by Eclectic physicians in this latter direction have been of greater benefit to humanity a hundred times over, than all the laboratory work done among the microbes and serums. The tendency to ignore bedside work for the work of the laboratory is all too prevalent, and the matter reached a climax in the State of New York when it was decided by the powers that be, that therapeutics should be ignored in the examinations for license to practise. In other words, the physician is expected to know a number of things

including all about plumbing and gas fitting, but need not know anything about medicine.

Let me tell you of a conversation I had about a year ago with an old school physician in New York, who has been practising for twenty years and who holds an important position where he can do much good or much harm. We were discussing medical topics in a general way and I spoke of our system of therapeutics and specific medication. I mentioned some of our splendid remedies, many of which he had never heard of. He finally said, "The best medical colleges of today ignore the subject of therapeutics as useless; for after all what can you do with medicine? Just a certain per cent. of the cases of pneumonia, typhoid fever, scarlatina and other diseases die anyhow whether you treat them or not. It matters not whether you give much medicine, little or none; the results are practically the same, and if you have a little calomel, a little opium and a little quinine you have all that you can really make any use of." What an outrage that the great dominant school of medicine should send out to the people as physicians, men who hold such monstrous opinions as these. What an outrage that wealthy people will give so often and so liberally of their means to further the schemes and plans of such an organization; what an outrage that legislative bodies should be so often, so persistently and many times, so successfully importuned to enact legislation to hinder and handicap the advocates of all other systems. It is true that some people take too much medicine; it is true that some physicians prescribe too much; but it is equally true that we do need some medicine and we need something more than calomel and paregoric.

A school of medicine which for centuries fought every effort to improve the healing art and lost no opportunity to throw every form of impediment in the pathway of medical progress is not fit, is not competent to dictate in these affairs, no matter how impudently it may assert its right to do so, and the privileges which we enjoy today, privileges that have been won by years of battling for justice, cannot be revoked as long as the perpetuity and success of this association is assured, and the demands of the old school that it be given absolute control of all medical matters in the country is no less impudent than dangerous.

No one class of persons is more interested in elevating the standard of medical practice than the Eclectic physicians, and they have done their full share in this direction, but when in the guise of elevating the standard, unscrupulous men seek to destroy everything that does not conform to their own narrow views, we most emphatically protest and declare such intrigue and stratagem bring the practice to a lower level, and makes intelligent persons marvel at the insincerity and duplicity of men who by every consideration

of training and education and by the solemn assumption of the most important obligations, ought to be the very embodiment of truth and honor.

My faith in Eclectic remedies is unbounded, but it is no greater than my faith in the ability and determination of this Association to fight it out till the humble individual shall have the right to say just how he shall be treated when sick, till every infamous law curtailing the privileges of practitioners of liberal medicine shall have been wiped from the statute books of every state in the Union.

Brooklyn.

Corpulency as a Disease, With an Outline of Its Individual Treatment.

BY CHARLES LLOYD, M.D.

The subject of corpulency is old, and its treatment is still a problem. Many authors who have written on the subject, vary in the course they pursue; each claiming some superiority in their special line of prescription.

A distinction has been made, and very justly, between men of large and unusually muscular frame, and those whose size is simply the result of increase of the *paniculus adiposus*, or an excessive deposit of subcutaneous fat. The former is compatible with vigorous health, and encountered either in childhood or adult life, would scarcely be considered a proper subject for medical consideration.

Fat varies in different individuals in quantity. It begins to develop at about the sixth month of foetal life, and a baby born at the right time and well developed, contains from nine to eighteen per cent. of its whole weight of fat. Adult people have five to six per cent., women usually the larger proportion.

The special parts of the body, where fat develops physiologically, are in the subcutaneous tissues of the internal parts of the body. There is one which ordinarily takes part in the fatty deposition, i.e., the liver, as it also is the organ which has the greatest tendency to disease, produced by too much fat—the so-called fatty liver. Fat deposits assume occasionally proportions, which are simply immense; fat of one inch in thickness is found under the skin of the abdomen, the lower extremities and the breasts, this being a very common occurrence. In such cases, there is also found a great quantity of fat around the heart.

A deposition of fat in superabundance in any part of the body is to be regarded as a perversion of nutrition; a departure from the normal physiological limit, inducing altered metabolism, having its starting point in the digestive functions, and involving the absorbents. Excessive fat is dangerous from the fact of its impairment, and weakening the functions of other organs of the body. It frequently affects

the muscular tissue of the heart and produces degeneration, disturbing the circulation of the blood, stretching the cavities and causing ventricular hypertrophy. It induces diseases of the mucous membranes and predisposes to rheumatic ailments, diabetes and gout.

Although anæmia may lead to corpulence, so corpulence produces finally anæmia, even with people who were originally of a strong constitution.

Over-fatness is a sign of degeneracy. According to Dr. E. H. Kisch, of Prague, he found on examination of 488 cases of excessive fatness, the stigmata of degeneration in many of them. In numerous cases where the fat appeared in infancy, signs of degeneracy were always found.,

Prof. Germain Sée divides obese subjects broadly into two classes, the vigorous and the feeble; and in considering an appropriate method of treatment, this distinction should be borne in mind. The active treatment which would be effective in one class having tolerably healthy viscera, would be followed by unfortunate results in anæmic cases, possibly possessing a dilated and more or less fatty heart, or degenerated blood vessels.

In corpulency—the symptoms may be divided into three different degrees:

1st. Degree, The first “embonpoint” where the muscles increase in equal proportions with the fat. Persons feel perfectly well and enjoy what they consider a “special degree of health.”

2nd. Degree. In the second degree, this state of affairs changes, so that the obese individual appears rather ludicrous, giving rise to mirth in other people. In the beginning of this stage, the afflicted individuals bear the inconveniences of their increase in bulk with a certain degree of dignity. They enjoy many things and they don't mind many troubles and often overlook them, but if they reach a degree of a Falstaff, they no longer feel very comfortable.

3rd Degree. There is a time when the increase becomes a departure from the normal standard and is regarded as a condition of disease. In the third degree, the excessive corpulence generally begins to create symptoms of disorder, which partially result from disorder in function of more important organs, like the liver and heart—partially from a complication with other diseases. Thus with anæmia as a constant companion of the higher degree of corpulence, by it, the tendency to fatty deposition is constantly increased. This is the degree where now the patient becomes a subject of deserved pity and real sickness. Not every case of corpulence, however, goes through the several degrees. Many fat people die before they reach the last degree, either from diseases which they are unable to resist, or by complications which arise before the fatty deposits reach such an extension externally.

The stout woman suffers more inconveniencies and is at a greater disadvantage than many others. She deserves our sympathy and consideration. The sorrows of stout people increase instead of diminish with the advancing years. One great trouble with these people is, that they rely too much upon their own unaided efforts and give too little attention to the counsels of those qualified to guide them to the path which leads to a more elegant figure. There is more harm than good results from indiscriminate attempts at the reduction of adipose, made by the laymen.

Many authors describe the subjects of obesity under two classes—those who take too much nourishment and too little exercise, and those who have a peculiar character of constitution and who may taken even far less nourishment than seems necessary, but yet who suffer from abnormal metabolism and remain excessively fat or grow fatter. It is believed that the second class is extremely rare

Herschfeld examined forty cases, whose food was investigated and whose respiratory intake and outgo were determined; in no instance, did he find a reduction of the intake of oxygen; the amount of food taken and the metabolism of the obese in quiet life and with slight muscular activity, seemed quite as great as in leaner persons who were living the same sort of life.

He chose for comparison, lean persons who were the same size and muscular constitution and merely showed a difference in the amount of fat.

Not all cases of corpulency are due to the deposit of fat only, but to fluids in addition. There is the hard solid fat and the soft flabby structure, each of which will require special treatment. In the over-distended abdomen of some persons, the intestinal canal is increased in length and in bulk, occupying considerable space. The existing condition of this canal should be taken into account in the treatment. It should be remembered, that every pound of one's weight has been introduced through the digestive system.

In discussing the principles of the treatment of adiposity, G. Rosenfeld considers it extremely improbable that fat is formed from proteids and fatty degeneration, he believes, consists in the reduction in the amount of proteids or glycogen in the cells and the replacement of this by the entrance of performed fat particles. Fats may be formed in the body from both carbohydrates and fats, but almost all come from fats. It is characteristic of fat that it may be readily transported from one part of the body to another. It is oxidized with the greatest difficulty of any of the three chief varieties of food, and is usually deposited in the tissues without any marked change in its character. Albumin is destroyed and excreted without being changed into fat. Carbohydrates are not deposited in the body unless they are changed into fats. They are particularly suited to rapid oxidation, hence he

considers that for men, as well as animals, in order to reduce fat it is important to reduce the amount of fat taken in the food. The next matter of importance is to reduce the carbohydrates. "Rosenfeld's work is certainly the most authoritative yet done on the question of the production of fat, and is sufficient to justify him in his statements, radical as they are."

Treatment—In the treatment, we first have to check the process of accumulating of fat. It would be unreasonable to expect a rapid reduction in many cases, as the extra burden of fat has been years accumulating and must necessarily require a reasonable time to remove. The vitality of the patient must always be conserved and improved.

In the treatment of corpulency, the diet and exercises are of the utmost importance. The starvation treatment recommended by some prescribers is not consistent with physiological law, because a certain amount of food is necessary and requisite to maintain the bodily forces under the exercises recommended. Various schemes of diet have been put forth, each having more or less merit. Tea and coffee permissible in the systems advanced by Harvey, Banting, Ortel and Ebstein, are not recommended, because they restrain or retard metamorphose of tissue, and although they increase the excretion of fluids, they also lessen the excretion of solids, the same applies to cocoa and chocolate. In some forms of corpulency with disordered digestion, it may be best for the patient to be confined to one kind of food at each meal, touching nothing else. One meal consisting of meats, one meal of fish, another of vegetables and one of fruits and so forth, eating sufficient to feel comfortable and drinking the prescribed quantity of fluids from one-half hour to an hour before meals, limiting to one pint daily. Exercises are of much importance, they should be systematic and graduated to the patient's capacity, always short of fatigue, and those exercises that will induce deep breathing; practice this in all positions, prevent mouth breathing at night by applying apparatus to the chin suitable to the case. Induce perspiration by steam, hot air, or vapor baths, or by other means appropriate to the situation. The various diaphoretics will prove serviceable.

To improve the heart muscle where there is no valvular lesion; the practice of gradually mounting elevations with the mouth closed, daily if possible, if in the house, stairs, out of doors, hills, or even mountains may be climbed. Brisk walking and dancing is good, the slow pacing is of little use, both walking and dancing is to be participated in until the heart palpitates, then rest until the palpitation eases or disappears, then resume the exercises until slight fatigue is felt, of course, exhaustion is to be avoided in any exercise. Swimming, rowing and lawn tennis may be indulged in. Exercises that require the bending of the body forwards towards the ground or floor, is excellent. It is doubtful if you ever saw a working farmer, a genu-

ine tiller of the soil or any one whose occupation consisted in stooping much of the time, as well as miners, moulders and others being troubled with a protruding abdomen; this, as with most all other exercises, should be performed in as pure air as can be obtained, in the open as much or as often as possible. Oxygenizing or ozonising the tissues is a prime factor in these exercises. Another exercise that may be looked upon with favor is that of skipping with a rope, or skipping without it. This is excellent, as it may be practiced in all kinds of weather, seasons and places, in and out of doors, and withal it is inexpensive. It can be indulged in by elderly as well as young people. The champion and aged pugilist, Jim Mace, made much use of and extolled the skipping rope for keeping the muscles clean of fat. It is said that Ex-President Roosevelt used the skipping rope for muscular development (Harvard class, 1880). In this exercise the spring should be on the front part of the foot to prevent jarring. This should be explained to the patient.

In the treatment of corpulency, the patient should be continually under the supervision of the physician. The urine should always be examined in all cases before commencing treatment, and also subsequently, to learn the condition of the kidneys. The heart also should be examined before prescribing treatment. We must also recommend the use of those agents that retard the conversion of sugar and starches into non-fattening elements in the digestive apparatus, and by doing so, prevent the formation of fatty tissues after absorptions. The anti-fat serum has not yet proved serviceable. The thyroid feeding is claimed to be efficient by some, but the thyro-iodin (Merck's) in the dose of grains, five to eight daily, has proven better. It has none of the disadvantages of the thyroids, as it is the active principle of the gland. It requires no preliminary digestion, but is at once absorbed and promptly produces its effect. Being a substance of definite composition, its dosage can be regulated in accordance with the effects desired. Lastly, as it is free from all decomposition products, it can be administered without fear of toxic or unpleasant secondary effects.

Another aid in the treatment is the use of the Faradic current, a tetanizing current, strong enough to cause marked muscular contractions. During this treatment, the body becomes covered with sweat, but the patient feels no disagreeable sensations, only the contraction of muscles. The heart and respiration are increased in frequency, in response to the need of increased oxygenation in the contracting muscles. This system of gymnastics for the muscles is exceedingly good, especially for those cases that are unable to take other exercises. Bathing in mineral radioactive water stimulates metabolism through the internal secretory glands.

The use of medicinal agents or drugs in the treatment of corpulency as a disease, and the various diseased conditions which often

exist with it, is either ignored, or their therapeutic value discredited. A more thorough acquaintance with the therapeutical qualities and potential forces existing in many drugs would reveal virtues but little known. Hence we have agents that aid digestion, assimilation, metabolism and elimination, all of which are important factors in the treatment. It is highly important that the agent or remedy used, should be selected appropriate to the special condition existing. Some of our vegetable drugs hold out quite hopeful and effective means of relief in these perplexing disorders.

The use of cider is recommended where there is an indication for an acid (malic acid) a light variety of cider, that which has been sufficiently fermented to be (dry) and therefore easily digested, to be taken in place of other liquids.

Among the medicinal agents to be selected from are the following: Adonis Aest., Asclepias Tub., Angelica Purp., Coronilla, V., (tincture from the flowers), Calcium Phos., Calcium Aqua (before meals), Caulophyllum, Chelidonium, Calotropis Giganta, Duboisine, Macrotys, Magnesium Dioxide, Fraxinum Alb. (European), Fraxmium Excel-sor, (Sem.), Phylotacca, Sassafras, Strophanthus, Urtica Dioica.

Brooklyn, N. Y.

Auto-Infection.

BY C. WOODWARD, M.D., CHICAGO, ILL.

The mucous membranes lining the various cavities, tubes and organs of the body are extremely susceptible to auto-infection, and people should know how they acquire these infectious attacks. The blood can become irritant from hundreds of sources; i.e., it may acquire an irritant condition from contagious and infectious diseases, or by over-eating of irritant and unwholesome foods. Micro-organisms that enter the circulation are foreign bodies, and all foreign elements will produce an irritant state of the blood, as observed by the circulation irritating the nervous system during fevers.

The existence of the system is maintained by human electricity generated in the stomach, brain and nerve centers. If the acid and alkali elements of the blood are kept in a relative or normal proportion, human electricity will be sufficiently generated to maintain health. Regardless of the old classification of foods, if we repeatedly eat foods which irritate the nerves, ferment in the alimentary canal and disproportionate the acid and alkali condition of the blood, then deficient electricity will be generated. Whenever the nervous system is free from irritation, electrical currents flow over the nerves, distributing energy and life to every organ, tissue and cell in the body; but when the nervous system is irritated by foreign elements in the blood, irritations will be carried by the nerves to the brain, interrupting the generation

of electricity and inhibiting the distribution of electrical force necessary for maintaining health.

Unconsciously, through lack of knowledge concerning irritant and non-irritant foods, the majority of people are irritating the nerves of the alimentary canal, and these irritant foods, through reflex action, diminish elimination, thus retaining an irritant poison in the blood. Throughout life, elimination diminishes until the blood appropriates certain parts of the mucosa for expelling its irritant poisons, like the pharynx, nasal and post-nasal passages, kidneys and alimentary canal, lungs, bladder and uterus. Whenever this irritant poison passes off through the mucous membranes of the pharynx, nasal and post-nasal passages, they become irritated, inflamed and ulcerated; then the discharge decomposes and is reabsorbed, resulting in auto-infection, periodicity and headaches. If thrown out through the lungs it causes either bronchitis, asthma or tuberculosis; through the kidneys, diabetes or Bright's disease; through the alimentary canal, indigestion, auto-toxemia, catarrh, adhesions, paralysis, appendicitis, colitis, tumors and cancers; through the bladder, irritation, cystitis, prostatitis, cancers and tubercular growths. When this irritant poison is eliminated through the uterus it produces irritation and reflex actions; dysmenorrhea, cervicitis, catarrhal and corporal endometritis; the various forms of displacement, fibroid tumors and cancers; ulceration and auto-infection during the menopause, causing sclerosis, insanity and sudden deaths.

With elimination physiologically performed, these lining membranes are able to secrete acids and alkalis in normal proportions as digestants, lubricating purposes and resist auto-infection.

These auto-infectious attacks produce similar symptoms because the blood has acquired an irritant state, and the blood is the symptom producer. Within fifty to seventy-five hours following the absorption of decomposed or infectious virus or germs, from the mucosa of any part of the system, the individual has a short paroxysm either in the morning, toward evening or during the night, followed with tired, sleepy and languid feelings; slight aches or twinges in different parts of the system; a white pasty coating on the tongue; mental faculties dulled and nervous system irritable; complexion acquires a little more yellow; pulse fuller and faster; congestion and determination of blood, accompanied with dry or moist skin; chilly sensations and inaction of the bowels; urine profuse and colorless or scanty, red, highly acid and frequently irritates when voided. These auto-infectious attacks are most all subacute, for the mucosa, used to eliminate poisons, are always permanently affected with mucitis. To treat them successfully, elimination of poisons must be turned to their natural channels, as the skin, kidneys and bowels, and their reabsorption controlled.

Treatment: Most people ask to be restored only to their former

condition, and this can be accomplished by changing the blood, or removing its irritant state by increasing elimination, with the following remedies or alteratives:

R Acetate Potassium	ʒij
Specific or Fl. Ext. of Echinacea.....	ʒjv
Fowler's Sol.	ʒcc
Glycerine, or simple syrup	ʒj
Aqua q.s.	ʒjv

Misce Sig.: One dram in water every three hours and one two-grain quinine tablet every two hours, giving the first one eight hours before the anticipated paroxysms; with whitish coating on base of tongue and a deathly sick feeling, five grains of sulphite of sodium every half hour; with the face flushed and accompanied with severe pain, give salicylate of sodium ʒij; Specific or Fl. Ext. of Gelsemium ʒcc; aqua q.s. ʒjv; Sig: One dram every hour; with pale face, chilly sensations and pain appearing periodically, the following:

R Salicylate of Sodium.....	ʒij
Specific or Fl. Ext. Echinacea.....	ʒiv
Specific or Fl. Ext. Belladonna.....	Gtt. xlj
Fowler's Solution	ʒcc
Aqua q.s.	ʒjv

Misce Sig.: One dram every hour until relieved; then every two or three hours; followd with one 2-gr. quinine tablet every two hours, giving the first one eight hours before the anticipated paroxysm.

Whenever individuals have suffered for years from these auto-infectious attacks, the system acquires a cachectic or chronic condition, indicating a treatment which will correct every perversion. The treatment must be so diversified as to control irritation of the alimentary canal, remove irritant elements from the blood, improve assimilation, stimulate elimination and correct the circulation.

To control irritation of the alimentary canal the following irritant foods must be proscribed or greatly diminished: salt, salty meats, tea, coffee, butter, sugar, vinegar, pickles, canned foods, pastry, intensely acid fruits, and acid wines or liquors.

Foods which are non-irritating and may be eaten are fresh, defib-
 rinated beef, broiled and boiled beef, fresh boiled fish, beef and lamb
 broths seasoned with rice or pearly barley, onions and celery, oatmeal
 and cream, graham and cornmeal mush, boiled and baked potatoes,
 white, graham and rye bread, rice, crackers, and bread and milk;
 raw vegetable salads with olive oil; the vegetables should never be
 cooked with meat of any kind; mild acid, dried and green fruits, such
 as dried and fresh peaches, prunes, red and black raspberries, blue-
 berries, ripe cherries, baked and stewed apples. These foods when
 properly masticated and eaten in sufficient quantities merely to supply
 the system are non-irritating to the nerves or blood, do not generate

uric acid, do not invite constipation, do not empty the capillaries nor pervert the circulation, but, on the contrary, furnish material for oxidation and chemicals in proper proportion for generating vitality or electrical energy.

Persons who have become delicate and anæmic from these auto-infectious attacks, and have a normal temperature, should take only medicated sponge baths of Epsom salts, one ounce or three even tablespoonfuls, carbolic acid half a dram, hot water one pint. Sponge the body over with this solution; wipe dry, repeat the wetting and drying two or three times; then apply alcohol one part and olive oil two parts, and repeat twice a week. When constipation is present, an infusion of senna should be prepared: Take four ounces of Alexander senna leaves; add 25 ounces of cold water. Allow this to stand for forty-eight hours; squeeze or strain off about twelve ounces of the liquid, straining it a second time through a two-ply cheese cloth. Now add two ounces each of glycerine and alcohol by measure. Keep this in stock.

To prepare for administering:

℞ Senna infusion stock, two ounces..... $\bar{5}\bar{1}\bar{j}$
 Glycerine, one ounce $\bar{5}\bar{j}$
 Rye or Bourbon whiskey, one ounce $\bar{5}\bar{j}$

Misce Sig.: One dram in a glass of warm or cold water before breakfast every morning; at night also if necessary.

The internal medication should be mild, especially when the nerves of the alimentary canal have acquired hyperesthesia and the exudation from the pharynx, nasal passages, lungs, stomach, bowels and uterus is yellow. In this condition give Kali sulph. 3x, four tablets every four hours; with white exudation, Kali Mur. 3x, four tablets every four hours. To improve the circulation alternate with these one tablet of 1-200 of atropine.

In medicating the mucosa, the object is to control irritation and mucitis, and prevent reabsorption of exudations. All applications should be mild and soothing. For the pharynx and nasal passages use a spray of Epsom salts, fifteen grains and two minims of phenol to the ounce of water. With hoarseness or partial paralysis of the throat, add two minims of tincture of capsicum, spray the pharynx and nasal passages several times daily. The laxative will overcome constipation and the internal medication will control exudation and nerve irritation of the stomach and bowels. When leucorrhea is profuse and yellow, Kali sulph. 3x powder, two drams; aqua q.s., four ounces; Misce Sig.: One dram every three hours. If the discharge is white and thin, Kali Mur. 3x powder, two drams; aqua q.s., four ounces; the uterus should also be washed out every third day with a 15, 30, 40, or 50% solution of peroxide of hydrogen and alternated with mild alkaline antiseptics.

The reciprocal relationship existing between the nerves mucosa

of the alimentary canal, and the skin has never received proper consideration by practitioners when treating intractable diseases. A lack of this knowledge and neglecting its consideration explains why bladder and prostatic diseases are so difficult to cure.

It cannot be successfully denied but that the elimination and circulation, from infancy to old age, becomes more and more perverted, and that a failure to restore them is the cause of so many diseases being considered as incurable.

Chicago, Ill.

Eupatorium Perfoliatum.

BY N. M. DEWEES, M.D.

Eupatorium perfoliatum is a large plant growing along streams and in rich moist places. It is very common in Ohio. Locke's *Materia Medica* says it flowers in early spring; in Ohio it blooms the latter part of July and the first of August. The top is the part used in medicine.

To prepare a tincture cut the stem about a foot from the top when the buds begin to show white or after it is in full bloom. Spread out in the shade to wilt, then pack in a jar and cover with sixty per cent. alcohol and let stand for two weeks, pour off the tincture and strain; when it is ready for use. This gives a clear light brown preparation which will not disappoint when one has learned its field of action. I will not attempt to tell all eupatorium is good for, for I do not know, but will point out a few distressing conditions in which, if used, it will bring comfort to the patient and an increase of business to the physician.

The cases where it has proved a specific with me are in Lagrippe, suppression of the menses from cold and neuralgia from cold. I will report three cases where this remedy alone was given and the results obtained. Four years ago a baker called me to his wagon in the street and asked me if I had anything for the grippe that would give relief without laying him up. He said he felt much worse than when with a previous attack he took to his bed with the same complaint and did not get out again for three weeks; but now he must go every day or his business would be ruined. This patient was given a bottle of the eupatorium made as directed above, and told to eat a light supper and begin at five o'clock and take one teaspoonful in a cup of hot water every hour until nine o'clock; then go to bed and cover up warm. He slept soundly all night, got up next morning and went about his business feeling as well as usual, having no symptoms of his former trouble; he has sent many patients to me since then.

Last winter I was called to see a very frail girl about fifteen years of age; she complained of severe pain near the right iliac fossa running as high as above McBurney's point; there was tenderness in the region of the ovaries, temperature $101\frac{1}{2}$. One-half teaspoonful of

the tincture of eupatorium to a half cup of hot water every hour until bed time was prescribed. She slept well all night, the menstrual flow being re-established which had been stopped from a cold a week before. The next morning I received a message saying that the patient was so much better that they thought a second visit unnecessary.

About two weeks ago a piano merchant came for treatment; he said he had been suffering from toothache for a week, had had a tooth filled close to where the trouble seemed to originate, this not giving relief he had the next tooth which was loose, extracted, but all to no purpose. He had walked the floor many nights, his appetite had failed and he was almost beside himself. He was given the tincture of eupatorium teaspoonful in a cup of hot water every hour beginning at four p. m. The first dose brought some relief; after the second dose relief was complete; he took two more doses as directed, went to bed and slept all night; the trouble has not returned.

This man is now enthusiastically directing patients my way.

It is well to remember in this connection that the dried plant carries but little virtue, and also that if specific medicine is used, that half the dose indicated above will be sufficient.

Cambridge, Ohio.

Cell Nutrition.

All classes of cells are made to live and perform their several functions by the phenomena of cell nutrition; and whenever mal-nutrition, intoxication, or other cause impair the special function of cells, they do so by producing some intrinsic metabolic defect. Agents which directly or indirectly repair metabolic defects are true cell tonics. A very large experience and a close and careful clinical study of all pathological conditions shows conclusively that Bovinine is an ideal cell tonic and food. It stimulates the cells to healthy proliferation. It tones the newly born cell, giving it a full and normal power of absorbing, and immediately meets this demand by supplying a full and complete nutrition.

Reversing the Process.

"I'm afraid there's no hope this time, doc, I've had my tonsils cut out, my thyroid is gone, my appendix has been removed, three feet of my"—

"Yes, yes; I know. What you need now is to be built up. By modern methods we can graft all of those things in again."—*Satire.*

Items From the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

Some of the laws of our statute books are really more than ridiculous! One often wonders what wise (?) heads those must have been that made them up. Take for instance the law about lunacy commissions. A man or woman commits a crime, for some reason or other, the question at the trial or before, arises whether she or he were sane or insane at the time of committing such crime, or whether she or he is sane at the time of trial of case. The law here says, a commission must be appointed to inquire into the sanity of the defendants. The learned judge—sitting in the case, then proceeds and appoints a commission, which, according to our laws “consists of one layman, one lawyer, and one physician.” In 99 and 99/100 cases out of each 100 cases, the layman knows no more about insanity than the man in the moon, and is no more able to judge as to the sanity or insanity of the criminal, than the criminal himself. In 99 and 90/100 cases out of each 100 cases, the lawyer on the commission is either some young chap, who needs a little help, and knows very little, or if he is older and has been practicing for a few years—he knows still less, and knows no more about insanity than I do about Chinese literature. In 99 and 80/100 cases out of each 100 cases, the physician on the commission (I regret to say this) knows as much about insanity as his two confreres of the commission. And this august body is sitting taking evidence, hearing witnesses, asking questions, (and some of those questions—believe me, show such ignorance of the subject, that it is really to laugh) and trying to determine whether the unfortunate individual before them is sane or insane. The whole thing is a great farce! Sessions upon sessions are held at the expenses of the taxpayer, and hundreds of dollars wasted, and when decision in some cases is finally rendered—it is often wrong. Two expert alienists appointed by the judge, would in two examinations give a correct verdict in most cases where it takes ten to fifteen sessions now for the commissions to give a wrong one. What would the public say if three ordinary laymen were asked to pass on some vital points of some intricate corporation law? Why not have a commission of doctors pass on plumbing materials used in new buildings? Why not have a commission of lawyers and laymen pass on the value, of ovarian extracts in the production of glanders? This sounds ridiculous, does it not? Well, to me, it is just as ridiculous—when three men as above specified, try to pass upon the sanity or insanity of any individual. Such work ought to be left to men who devote their life to the subject. That fellow Shakespeare was right: “What fools those mortals be.”

Knowledge that can not be applied is utterly useless. It is not enough to make a proper diagnosis in any given nervous case—unless

you know the treatment—of what use is the diagnosis. The sufferer cares little for your diagnosis—he wants relief, or cure, if possible. The real difference between a great mind and a mediocre mind—is only that the great mind applies its knowledge. Genius—is only the ability to apply the knowledge you may have—and not the ability to acquire it.

It is not always safe to diagnose a cerebral tumor from merely such symptoms as headache, vomiting or even optic neuritis, for you know such symptoms can also be found in cases of chronic basal meningitis. In these cases I mostly use my so-called “deduction analysis.” If epileptic convulsions occur for the first time late in life, and if no chronic nephritis can be found, leads me to look for evidences of cerebral tumor. Optic neuritis shows intracranial lesion, increase of cerebrospinal fluid is always found in intracranial growths.

Friedrich’s ataxia resembles several other affections. Thus it resembles true tabes in the presence of ataxia and absence of knee jerks. The coexistence of actual muscular weakness, the presence of nystagmus and of speech defects, the curvature of the spine, the deformity of the feet and the character of the plantar reflex would all be positive signs of Friedrich’s ataxia. The tendency of the disease to affect several members of the same family, the early age of onset, the absence of shooting pains or profound sensory phenomena, of visceral crises and trophic lesions, and the comparative immunity of the sphincters, would all lead us to the same point, as would also the absence of optic nerve atrophy and of the Argyll-Robertson pupil.

Why is it that in this great country of ours, in our “free” (?) America, one marriage in every ten goes crashing and winds up in the divorce courts? Study the young married woman of today and compare with the married women of thirty years ago, you will find something lacking, something missing! The study of the nervous system in these “up-to-date” young married women is not only interesting, but is sad. I often wonder if those bonds “that we took away from our women, were not really a good thing for them?” Old-fashioned, am I not? Perhaps.

At a recent consultation not long ago, the family physician was heard by me (I was in the other room washing my hands after the examination of the case) to make this remark: “Yes, Prof. Adlerman is an Eclectic, but he is a very bright man.” I want to say to this brother-physician that I do not need any one to apologize for my medical faith, I want to tell him that “all” Eclectics are bright men, I want to tell him (and I know he reads this department monthly) that I am an Eclectic because I believe in Eclecticism, that it is only a

question of time and medicine's greatest battle will be won and the banner of Eclecticism will be up everywhere—to stay.

Do you know, what is the greatest modern disease of the women's world today? No—well, I will tell you—it is unrest.

The place for insane is in the asylums or private sanitariums, but at present, most of the asylums or private sanitariums are no place for the insane.

Pneumococcus and streptococcus meningitis are absolutely fatal, and when the diagnosis of one of these fatal forms is established, we are justified in using any method of treatment, which offers some prospect of a cure, as we have nothing to lose and everything to gain. Serum therapy, vaccine therapy, anything at all, just for some bright hope, that perhaps we can diminish the death rate in these diseases.

Ergot and iodide of potassium have been recommended in cerebrospinal meningitis. In my hands, they proved to be useless, and I do not think that these two drugs exercise even the slightest influence upon the course of the disease, and there is really no reason for using them in any form of meningitis, but the syphilitic form, where the iodides may do some good.

The theoretical value of urotropine in cerebrospinal meningitis lies mainly in its disinfecting properties, and in the fact that it is excreted into the cerebrospinal fluid. This is theory, but it may be worth while trying in some of your hopeless cases. Why not? Anything to accomplish a cure and save a human life.

Sadism is much less frequent in women than in men. Sadism in women present a pathological intensification of the masculine sexual character. Kroft Ebbing mentions the following interesting case: A married man presented himself at the clinic. He was covered with numerous scars of cuts on his arm. He told this story: When he wished to approach his wife, who was young, he was first obliged to make a cut in his arm. The wife would suck the wound and during the act become excited sexually and submit to coitus. Sadistic acts are found often in certain cases of Paranoia.

Comparatively few idiots have crania in size fully up to the requirements of the normal man. In such rare cases we may claim a later date for the action of the causes leading to the mental weakness (traumatic shock, fevers, etc.). Severe traumatism during childhood often produces a profound disturbance of the functions of the brain and afterward retrogression to a vegetative life.

Did you ever stop to think that old age is happy only in that reflected happiness of recollection? And this can apply to many of our instincts.

910 St. Johns Place, Brooklyn.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

A Brief Re-Study of Wooster Beach's Remedies.

NO. VIII. TRILLIUM LATIFOLIUM.

This perennial plant is commonly known as birthroot. It is also known as trillium erectum, as well as by several other names.

Trillium is a soothing and stimulating astringent tonic, influencing the mucous membranes, especially of the genito-urinary organs. It is a useful remedy in many abnormal states, and markedly so when the wrong is due to relaxation of the mucous surfaces. Trillium is deemed of value during pregnancy as a means of lessening the pains and difficulties at the time of delivery. It is also useful in some diseases of women, such as leucorrhea and hemorrhages. It is claimed by good authority that birthroot is of value in all forms of hemorrhage. In abnormal conditions of the urinary organs it acts well with rhus aromaticus and eregeron canadensis. In either acute or chronic diarrhea, trillium constitutes a medicament of corrective power, and may be employed both internally and as an enema.

The early eclectics employed birthroot in catarrhal bronchitis with marked success, and it was deemed especially useful in cases characterized by very profuse expectoration. It was also deemed a remedy of merit in excessive action of the kidneys. In the early stages of phthisis it exerts a soothing influence over the troublesome cough, and is especially valuable when a tendency to hemorrhage is manifested, and in functional diseases of the heart it has been employed with beneficial results. In passive uterine hemorrhage it may well take the place of more frequently employed drugs, and in menorrhagia its action is often curative.

Dr. Wooster Beach frequently employed trillium, and regarded it as an efficient astringent, alterative, tonic and antiseptic. The doctor and his followers deemed it a curative remedy in "immoderate menstrual evacuation, spitting of blood, hectic fever, asthma, cough and leucorrhea." In his *American Practice*, Dr. Beach approvingly quotes Rafinesque as follows:

"Externally this root is very useful, in the form of a poultice, in

tumors, indolent and putrid ulcers, carbuncles and mortifications, by itself, or, what is still better, in combination with bloodroot."

The following have been found to be among the reliable indications for the use of trillium: Hemorrhages from the mucous surfaces, especially of the uterus after child-birth, abortion, or when due to relaxation; catarrhal conditions of the mucous membranes of the air passages, or the genito-urinary tract, when due to vascular engorgement.

The dose of specific trillium (or a good fluid extract) is from 5 to 60 drops, but from 5 to 10 drops usually constitute an efficient dose.

Scarlet Fever and Four of the Remedies Used in Its Treatment.

The diagnosis of scarlet fever is usually readily made by the rose-colored efflorescence upon which are innumerable small red points. The eruption is readily effaced by pressure, which leaves a white mark for several seconds before the redness is re-established. The characteristic sore throat and the strawberry tongue are also suggestive. Belladonna produces a scarlatinal rash, but the history and the absence of sore throat will enable one to avoid a mistake in diagnosis.—*Thomas' Practice of Medicine*.

ACONITE AND BELLADONNA.

Aconite is specifically the fever remedy in childhood. * * * It promotes tone and power in the arterial capillaries and is opposed to blood stasis. * * * It has a powerful auxiliary in belladonna. In scarlet fever belladonna promotes exfoliation and assists in the general elimination of the products of the disease. It is directly opposed to the renal hyperemia or the nephritis so common as the result of scarlet fever * * * and is our most reliable remedy to overcome this condition when it occurs.—*Ellingwood's Materia Medica*. In scarlet fever when the pulse is small and frequent, aconite will be called for as a part of a rational treatment. I have never seen a case of scarlet fever that did not call for belladonna as a leading part of the treatment. In small doses it also many times acts as a prophylactic against this disease.—*Fyfe's Materia Medica*. Aconite is exceedingly effective in scarlet fever. * * * It controls the temperature soon as the eruption develops. Belladonna is especially excellent in scarlet fever. * * * It lessens the effect of the poisons on the nervous system, improves the condition of the kidneys and aids in the expulsion of the poisonous matter from the blood.—*Locke and Felter's Materia Medica*. We put the patient upon the use of aconite when there is a hot, dry skin, excited circulation, the pulse is small and frequent, and marked febrile reaction. Belladonna is especially serviceable in scarlet fever. It is indicated by mental dullness and inactivity, dull eyes and dilated pupils, eyes partly open when asleep, skin cool

and relaxed, full and oppressed pulse.—*Mundy's Diseases of Children*. In mild cases of scarlet fever aconite and belladonna, of each five drops to four ounces of water, teaspoonful every hour, will constitute the needed internal treatment.—*Thomas' Practice of Medicine*.

PHYTOLACCA AND ECHINACEA.

The sore throat of scarlet fever is relieved by phytolacca. In septic fevers echinacea seems to act as a nerve stimulant upon the vital forces.—*Ellingwood's Materia Medica*. From the fact of its specific action on the throat, and its sedative effect, phytolacca may well constitute a very important part of the treatment of scarlet fever. Echinacea is especially adapted to cases of scarlet fever characterized by a putrescent odor from excess of broken down material being eliminated from the system.—*Fyfe's Specific Diagnosis and Medication*. Echinacea will be found useful in those cases of scarlet fever attended with ulceration of the tonsils, with septic infection. Phytolacca is indicated in scarlet fever by the soreness of the mouth and swelling of the cervical lymphatics.—*Mundy's Diseases of Children*. Phytolacca and echinacea may be given internally. A spray or gargle of echinacea will give relief.—*Thomas' Practice of Medicine*.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Dallas, Texas, in June, 1913. F. L. Wilmeth, M. D., president; W. P. Best, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1913. G. J. Olsson, M. D., president; G. R. Thompson, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. H. Harris, M. D., president; M. B. MacDermott, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. John Birkenhauer, M. D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M. D., president; A. B. Wolf, M. D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M. D., secretary.

A joint meeting of the Kings County Eclectic Medical Society and the Brooklyn Therapeutic Society, will take place on Tuesday, September 24th, 9 p. m., at the Hofbrau House, 588 Fulton Street, Brooklyn.

The essayists for the evening are Dr. H. Harris on "Quinine;" Dr. L. Lanzer on "The presence of gas in the tissues in the pus cases of Appendicitis."

Items

Dr. Frederick Hollander died August 27th, after a short illness.

Mrs. Nellie Krausi, widow of the late W. J. Krausi, M.D., died September 2nd.

Dr. Georgiana Dimmick Carpenter, wife of Dr. A. J. Carpenter, class of '86, aged eighty years and five months, died at Neosho Rapids, Kansas, late in August.

In June, six of our graduates took the licensing examination in New York State and all have received their licenses.

Doctor G. C. Glenn, having passed the New York State Board in May and the Pennsylvania Board in June, is now pleasantly located at Salamanca.

Send for catalogue of the Eclectic Medical College, City of New York.

In the process of widening Fourteenth Street, the College has made a change of front.

Read the advertisements. Correspond with the advertisers—and mention the *Review*.

The power to recuperate, resident in the tissues, may be markedly augmented by Cord. Ext. Ol. Morrhuæ Compound (Hagee), and with many physicians it is a routine practice to employ it for this purpose.

The usefulness of Cord. Ext. Ol. Morrhuæ Comp. (Hagee) as a reconstructive lies in the nutritious elements contained, which, when fed to impaired tissues, build up and strengthen them. Each fluid ounce of the Cordial represents the extract obtainable from one-third fluid ounce of cod liver oil (the fatty portion being eliminated), six grains calcium hypophosphite, three grains sodium hypophosphite with glycerin and aromatics. It is free from grease and the taste of fish.

The Brooklyn Therapeutic Society promises a very vigorous campaign this winter.

The Eclectic Medical College Equipment and Research Fund Association is doing magnificent work for the cause.

Dr. Earl H. King, of Saratoga, has recently been appointed pension examiner.

Miss Sadie Carsch, married to Dr. Samuel Messinger, Saturday, June 22nd, 1912.

Book Reviews have been crowded from this issue and will appear in the October number.

Prospects for the coming class are excellent.

Our building, with its new laboratories and fine equipment, looks very inviting.

The New York Specific Medication Club opened with a most interesting meeting. The attendance was the largest it had been in years.

Mare Island, Cal., Aug. 27.—The Navy Department, despite protests by Senator Works and others, seems determined to go ahead with its policy of punishing seamen who refuse to undergo vaccination. This attitude was indicated here to-day by a dispatch from Washington ordering the confinement of J. M. Holloman, ordinary seaman, for one year at the Bremerton Navy Yard, for refusing vaccination with typhoid serum.

Holloman is now confined on the prison ship Manila.

In commenting on the above, Dr. E. L. Penrose, of Montclair, New Jersey, in a letter to the New York Times, September 2nd, 1912, says:

"The various opinions concerning the use of vaccines would seem to indicate that the whole question is in a very unsettled state. We find some medical authorities advocating inoculations with dead bacilli, and others, as M. Metchnikoff, quite skeptical. Some approve of using the living germ, others prefer the pulverized bacilli, while some think they should be prepared by chemical methods. No unanimity of opinion has as yet been reached.

"We find in The New York Medical Journal and editorial running through two numbers (May 18 and 25) entitled, 'The Actual Value of Anti-Typhoid Vaccination.' This editorial, after scanning the history of anti-typhoid vaccine at some length, comes to the conclusion that the alleged triumphs for this method of treatment are due, in fact, not to vaccination, but to the increased understanding and attention to sanitation. Observe the following from this same editorial:

"'The exclusion of typhoid from the Texas manoeuvre camps last year may be credited to the same wonderful sanitation as in India and as in other camps freed from typhoid in seriously infected territory years before inoculations were tried.'"

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THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. XV.

NEW YORK, OCTOBER 15, 1912.

No. 10.

The College.

This session opened with a fair freshman class; 14 at this writing. I am sure from the applications and interviews that it would have been double this number were it not for the fact that there was some question of the registration of the school by the Regents, as our application had at their August meeting been referred to a special licensing committee.

On September 12th, after inspection by this committee, we were summoned to the Bar Association rooms to meet this committee. The College presented its case plainly; it showed that it had complied with every requirement and rule of the Board; had established a new Physiological Laboratory; installed new, expensive, and up-to-date equipment in all the Laboratories, including electric lighting and running water at the tables, etc., adopted the system of keeping the records in the dispensary recommended by the inspector; added several hundred new books and a card system catalogue to the library; presented in detail the arrangements made for our students in the study of Pathology and the advantages that they would have for bedside instruction at the Sydenham Hospital.

President Boskowitz also placed before the committee the statement of Dr. Smith made at College Commencement two years ago, "that in the twenty years that he had been on the examining board but one graduate had failed to receive his license." President Boskowitz showed that the number of applicants during these twenty years had been 187. With these facts plainly presented to the Committee in answer to their inquiries we had hoped to announce our registration before the opening of this session so as not to interfere with our freshman class, but the State moves slowly and cautiously; the fact that we were to open in a few days and the hardship it would be to us not to be able to positively state to our students that we were registered was presented to Chairman Philbin just before we adjourned. Let me quote his answer:

"This committee cannot give any decision, but the Regents will take into consideration the hardship the college has been put to through waiting, and I should not expect an adverse opinion."

The Regents are very likely in session as you read this, for their October meeting and the ceremonies of the dedication of the new

educational building at Albany are scheduled to take place between the 14th and 16th of October, and we confidently expect that at this meeting the School will be registered.

Hints and Winnowings.

We are often appalled at the ravages of the bubonic plague in the Orient, and deplore the ignorance of the people who make but little, if any, effort to remove the conditions making possible such terrible destruction of human life. The frequent epidemics of cholera in Russia speedily bring forth our righteous indignation against the despotic government which permits conditions to exist which make such epidemics of suffering and death inevitable. It is seldom, however, that we call to mind the fact that typhoid fever in the United States claims more deaths and entails more economic loss than the cholera and bubonic plague combined in the countries above mentioned as is clearly shown by reliable statistics.

It is estimated by Dr. Allen J. McLaughlin, of the United States public health service, that 4,250,000 people of this country are attacked by typhoid fever every year, and that the disease causes the death of at least 25,000 of the people attacked. In discussing health conditions in this country, Dr. McLaughlin pointed out as an illustration the fact that in northern Europe thirty-three principal cities, with an aggregate population of 31,500,000, had an average typhoid death-rate of 6.5 in 100,000, in the years 1909 and 1910, while fifty registration cities in the United States, with a combined population of 20,000,000, had a typhoid death-rate of 25 in 100,000. In 1909 there were more cases of typhoid fever in the United States than cases of bubonic plague in India, in spite of the fact that India's population is two and one-half times that of the United States. In Russia, from January, 1907, to October, 1911, there occurred 283,674 cases of Asiatic cholera. This period included the appalling epidemic of 1910. According to Dr. McLaughlin's estimate there occurred in the United States, during the same period, *one million and a quarter* cases of typhoid fever, or more than four cases of typhoid fever in this country for every case of cholera in Russia. Moreover, it is a fact that we have in these United States more deaths from typhoid fever than there are from both the plague and cholera in the Far East. In 1907 the city of Niagara Falls had a typhoid fever death-rate of 222.4 per 100,000 population and an average of 120 for the last ten years. This is the largest typhoid death-rate recorded anywhere in the civilized world. This enormous death-rate is believed by the public health service to result from the city obtaining its water supply from the Niagara river—a river that may be well termed the great international sewer, as it receives the sewage of millions of people living on both sides of Lakes Erie, Huron, Michi-

gan and Superior, as well as that of the city of Buffalo and other smaller places.

In the lay press of several States an unusually large number of mad dogs have been reported. In Connecticut several persons have been bitten by these dogs—a fact which has naturally caused a considerable degree of anxiety. In referring to rabies in the *Monthly Bulletin* of the State Board of Health, Secretary Townsend in part says:

“Contrary to a widely distributed belief among the laity, the disease never occurs spontaneously in the dog, but is due to an infectious material entering the body usually as the result of a bite by a rabid animal. Besides dogs the disease occurs in most all mammals, such as foxes, cats, horses, sheep, goats, pigs as well as in rats. As most of the animals bite each other, the opportunity for the transmission of the disease may be frequent and may not be known until a dog is bitten. The long period of incubation, usually sixty days, is responsible for the fact that the infection is often carried to quite distant places. Dogs are responsible in nine-tenths of the cases for its transmission to man. In the other one-tenth, one-half is due to cats, and for the remainder other animals are responsible. The discovery of Pasteur has placed within our reach an almost sure method of warding off the disease in man. This treatment, however, is expensive and troublesome, taking time as well as money, and naturally one does not wish to adopt it unless there is real danger. It, therefore, becomes a matter of extreme importance to determine promptly whether a dog that has bitten a person is actually affected with rabies in order that quick treatment may follow if necessary. It is a mistake to call a dog mad because it has bitten some one and immediately kill it. In doubtful cases the dog should be confined and kept under observation for a few days and if at the end of a week it appears healthy no fear need be felt. If, however, the dog has been killed before a definite diagnosis was made, the head should be severed from the body, leaving attached to it as much of the neck as possible, then packed in ice and shipped by express to the State Laboratory at Middletown. If the laboratory examination is positive, the case is surely one of rabies; if negative the case is probably not rabies.”

In 1909 the Connecticut legislature passed a law which provides that whenever a licensed physician of the State certifies to the selectmen of the town in which the injury from a rabid animal was received that Pasteur treatment is necessary the town shall bear the expense of such treatment.

There is but one way of teaching some nurses, as well as some mothers, how to properly care for young children, and that is by repeatedly calling their attention to the little things in life. Some

people have to have a fact repeated many times before they are able to grasp its full meaning, scope and importance. They are not necessarily stupid, but they just "don't think."

Among the things in which the young mother should be thoroughly grounded by frequent repetition may be mentioned the following essential facts:

Babies need much sleep, habits of nursing and sleeping at the same time each day, and much air and sunshine. They need to be kept warmly and simply dressed. Babies need clean milk, and, if possible, the mother must nurse her babies. If she *cannot* nurse her offspring its food should be prescribed by the doctor and not by her neighbors. The milk of "bottle babies" must be kept cold until wanted, and then carefully prepared according to the doctor's directions. Babies need water to drink, and under nine months of age should have no other food than milk, except when prepared food is prescribed by the doctor; no beer, pickles, fruit or meat should be allowed. Soothing syrups and *pacifiers* are abominations and should never be permitted. Babies should be kept off the floor and out of drafts. When children sleep it is better for them to lie straight. Children's bones not being firm, the oftener they are bent in one particular way, the more likely are they to stay in that particular shape. High pillows may bend a babies' bones into an unnatural shape. Children four years old need about twelve hours' sleep; at seven years of age, eleven hours; at eight years, about ten and a half hours; at ten years of age, about ten hours; at twelve years of age, about nine hours. Children should go to bed and get up at regular hours.

Mothers should be made to comprehend the fact that nearly all disease germs enter the body through the mouth and nose, and that it is absolutely necessary that they should not permit the habit of thumb-sucking, or putting into the mouth things that have been in the mouth of another person.

Many of our most experienced observers and writers have well pointed out the fact that the rheumatic child seldom presents the symptoms presented by the rheumatic adult. In the adult rheumatism usually means an arthritis, but in the child so-called rheumatism, more often than otherwise, is not manifested in any such form. Observation and experience in practice have made it clear enough that in children the rheumatic element is the true cause of "growing pains," "stitches," in the sides and back, pleuritic pains, precordial pains and many pains in the region of the appendix, gastro-euteric spasm and headache. The rheumatic child is often subject to skin diseases, and is prone to attacks of hypertrophic rhinitis, coryza, adenoid vegetations, enlarged tonsils and bronchial asthma. Tonsillitis is believed by many physicians to be a mani-

festation of the rheumatic element in children. The plausibility of this belief is strengthened by the fact that phytolacca, one of our most efficient remedies in tonsillitis, is also an agent of curative power in some forms of rheumatism. This fact is certainly suggestive of etiological relationship of the two conditions. Dr. William Shannon thinks chorea due to a rheumatic influence, and says that so long as we regard it as rheumatism and treat it as such, the results are satisfactory. In an article on the "rheumatic child," Dr. A. B. Conklin well remarks:

"If with tonsillitis, endocarditis or chorea the child has 'growing pains,' tires easily, is anemic looking, though with bright red lips, complains much of headache, pains about the heart, in the pleura, or in the region of the appendix, and is nervous and impulsive, we have the confirmatory evidence of a rheumatic state, and such a diagnosis even in the absence of an arthritis is justifiable."

There is an immense amount of material in the literature of the Eclectic school of medicine that would well repay careful study. It is to a considerable extent a study of our indigenous remedies. Is it not possible that many of our physicians do not know how well off we are in this respect? This literature mainly consists of the clinical experiences of thousands of intelligent and thoughtful observers at the bedside of the sick that have been winnowed, condensed and placed between book-covers by Eclectic authors. If one will take from his shelves and examine the works of Beach, Ellingwood, Felter, Fyfe, King, Lloyd, Mundy, Scudder, Stephens, Thomas, Watkins and Webster, he will not only be delighted to see the immense amount of valuable knowledge placed before him in a convenient form for study, but to some extent realize the fact that an enormous amount of labor must have been expended on this great accumulation of therapeutic knowledge.

The Eclectic school of medicine is a fairly vigorous organization, and it is fully capable of fighting its own battles, providing its strength is not divided or wasted on immaterial objects. The pulling of chestnuts out of the fire for the other fellow to eat has never been known to yield any great amount of profit to the puller. Let our slogan be "equal rights with the other two *regular* schools" of medicine and the victory is ours.

Intolerance.

Intolerance is an attribute of undeveloped minds; of warped mentalities; of men who feel insecure in their position. The truly advanced man has lost the spirit of intolerance because he has learned that what he really knows is as a ripple upon the surface of a placid lake when compared to the vast ocean of truth which

stretches into infinity before him. Little minds are dogmatic and hence resist the impulse that urges to better things. They tend to remain stationary, being linked to preconceived notions. They move not unless impelled by the irresistible urge of speeding time, and then oppose the forward impulse with all their might. To them a theory once accepted remains as a fact long after it is proven to be but a passing error. Incapable of correct reasoning the small intellect is only a mirror which reflects dead ideas; shadows which linger long after the object which cast them has disappeared. A fallacy once established as fact continues to exist by reflection from the smooth surfaces of unconvoluted brains.

Because a stupid fellow conceived the idea that health could be maintained, or if lost could be restored, by instilling a germ-laden pus extracted from a filthy animal into the blood-stream of a human being, small minds continue to reflect the absurdity. As well argue that the purity of a stream of water can be maintained by polluting it with the elements of decomposition; or if impure that it may be rendered wholesome by dumping into it the sewage of a city. And if some of us happen to question the correctness of such reasoning the pigmy intellects proceed to damn us as of questionable mentality.

Now I contend that if the dispensers of pollution should prefer a stable as a habitation rather than live in a comfortable house, why, let them; but I shall object if they try to compel me to live in like manner. Also, if they insist on instilling rottenness into their hides then let them do so; but I shall resist their efforts to pollute my body with like substances. I do not seek to force them to abstain from defiling their own bodies but do decidedly object to having them force their crazy notions on me.

Compulsory medication of any description is abhorrent to men of sound mind and independent thought, even admitting for the sake of argument, that the treatment *might* be efficacious. But when the effect of such treatment is at all questionable the procedure becomes a crime.

It ought to be a self-evident fact to every man who thinks at all, that health is not secured by the instillation of disease. And no man can be made well by creating disorder in his body. No man whose blood is pure can be benefited by rendering it impure. All such reasoning begins with false premises which must lead to false conclusions. But notwithstanding this plain fact such errors are still persisted in by those who erroneously believe themselves capable of logical reasoning. The result of such reasoning is shown in the alarming increase of certain forms of disease and the lowered vitality of the race. And yet, with all the evidence before their eyes

these would-be pilots of humanity would force their nasty practices upon an unwilling people, and condemn without a hearing all who protest against them. And in order to bolster up their criminal practices they resort to lying statistics; nor are they willing to investigate the evidence against them. I am glad to be able to say, that, not only in the West, but all over the world, are men who think; men who have outgrown the parrot stage of existence; men who have burst the bounds of conventional imbecility and are not afraid to voice a protest against a medical absurdity, yes, a professional crime.

The spirit of intolerance has ruled the medical world as it has the religious and political. In religion it robbed the Man of Galilee of the sublimity of manhood and placed upon his brow the unstable crown of a god. And that it might maintain the fetich upon the throne of ignorance it stained its hands with the blood of men. In medicine it accepted the delusion of a disordered brain and made of it an idol unto itself which it worships and in its ignorance demands the sacrifice of innocence on the altar of its stupidity.

Let those who love darkness dwell in darkness. Let those who would seek the light be not hindered by the cry of the leprous. To those who inhabit the world of shadows we say, grope on, but do not try to obscure the sunlight of thought by spreading the mantle of darkness over the human mind. We say to them, be as charitable as you can in your small minds toward those who see things not as you see them. *For maybe you are wrong. It is possible.*

Stephens.

Comment Upon a Comment.

"PARADOXICAL DIPHTHERIA. The abnormal course sometimes pursued by individual and family diphtheria was no doubt largely responsible for some of the antagonism shown toward serotherapy, both when the latter was first introduced and also subsequently. We can comprehend this antagonism to-day when the position of serotherapy has become fixed in certain episodes which are reported from time to time. Thus Jess, before the Medical Society of Kiel last June (Münchener medizinische Wochenschrift, August 20th) stated that he attended a child with lacunar tonsilitis as the clinical diagnosis, the bacteriological examination being negative. Two days later a second child was attacked with clinical diphtheria as the diagnosis and both children were given serum without waiting for the bacteriological diagnosis, which was later positive for the second child. Both children promptly and uneventfully recovered as far as diphtheria was concerned, but both developed serum disease after recovery, which also ended unevent-

fully. About one year later, corresponding to the annual recurrence of anginous affections, one of the children again developed what was clinically a lacunar angina without any marked systemic reaction. The condition was persistent and examination showed diphtheria bacilli in pure culture. Fear of anaphylaxis prevented serum injection. The tonsillar patches persisted under vigorous local treatment for several weeks, finally becoming sterile as to diphtheria germs. The sister received no prophylactic injection for fear of anaphylaxis, but contracted nothing. The patient during the more than five weeks of diphtheria had shown only a slight evening rise of temperature as evidence of toxemia. The author also knew of a similar episode and the sole way of explaining these second attacks is that ordinarily both the first attack and the serum injection would have secured a considerable period of immunity, but in these cases neither afforded any protection worth mentioning."

The foregoing appeared in the "Medical Record" of September 21st, 1912. An analysis of what is here presented would indeed be amusing if it did not bring to light a sadly disordered state of mind.

Note well that the original article comes from the hotbed of serotherapy; even there these phenomena apparently justified, and were "responsible for some of the antagonism shown toward serotherapy." Note also the following: one individual had, the other had not, diphtheria; both were injected; both recovered, in spite of it; but *both developed serum disease!* One year later "fear of anaphylaxis prevented injection." And then comes the horrible admission that while "ordinarily both the first attack and the serum injections would have secured a considerable period of immunity, but in these cases neither afforded any protection worth mentioning."

A further condemnation of the unjustifiable claims of serotherapy lies patently in the words that *ordinarily* serum injections afford protection for a *considerable period*. The summing up of these concessions is that serum therapy does not afford protection in very case—does not protect the individual against any and all further attacks—and effects immunity, if at all, then for a period only.

So, what is the real value of serotherapy? Nothing, apparently if, as shown, the disease phenomena are individual. Individual? Horrible dictu! There are no individuals nowadays any more. All is mechanism. The individual has been eradicated by the latest fad and fancy and the cry of some college professors. First the theory, and then the citation of facts that are artificially fitted in so the theory may *seem* true. The medical desert through which doctors have been let by some vociferous, college professors of the late model, has shrivelled up their capacity to think; in this respect

doctors surely are mechanisms. Machine-made doctors, machine-made theories, machine-made practices, disregarding or unable to discern any more individuality in diagnosis and treatment. What did Mephisto say to Faust, M.D.? "Grau, lieber Freund, ist *alle* Theorie!"

You, doctor, and I, and all of us are not permitted any longer to think for ourselves. More than a hundred years ago Cabanis taught that "the brain execrates thought as the liver does bile." (Hence the malodorousness of this man's thought.) And lately a German savant, Ziehen, has felt himself compelled to dig out of the rubbish pile the "memory cell." And thus I might go on to show you how it has become necessary and possible, in logical sequence upon all such stuff, to declare that we are nothing but "physico-chemical automatons." Indeed, from Loeb's "Mechanistic conception of life" to "Paradoxical" disease is but one little hop. Truly, if disease phenomena do not fit into these men's preconceived schemes and preoccupied mechanical mentalities, a new name must, presto, be invented. Hear, and stand in awe! Disease has the temerity to contradict dogma! But instantly, ere damage is done, we imprison it in the pigeonhole of "paradox," lest we should miss the credit and the financial benefit that must come from those whom we enslaved. Indeed, man has been enslaved by all sorts of dogma; but "authority" has never yet been able to collar individual disease phenomena. "Quo usque tandem, Catilina, abutere patientia nostra?"

New York City.

Von Unruh.

Original Articles

Life. Its Creation and Maintenance.

BY MAX MEYER, M.D.

Part IV.

The existence of a peripheral nerve circulation has been demonstrated in previous papers, and it seems natural to expect same in the central nervous system also and above all in the brain.

Although we cannot accomplish the proof by dissection, though we are able to do so by deduction.

In the brain we find nerve-decussations, and, where many layers of nervefibres lay upon each other, semi-decussations. The reason for these crossings lies in the integrity of the nerves, which, as a unit, pass to the cell, and, after traversing it, return again to the brain and connect then to a braincenter; but, in order to accomplish this, decussations are necessary. If it is true that we have a nerve

circulation in the brain, it surely must be demonstratable, and for this purpose we have chosen the optic apparatus (see Table I, Fig. 1).

From a point in the cortical center in the resp. lobe two inner nervefibres exit. According to Bell's law, these fibres pass through the thalamus, the tractus and the optic nerve, whence they go to the inner layer of the retina, the so-called granular layer, which is in close contact with the vitrous body. This layer is the first to be affected by light, and then an impulse is taken up by a centrifugal or motor nerve fibre and conducted through the ciliary body to the outside, i.e., to the cone, and rod-layer, which perceives light exactly in the same degree as the pleuranerves perceive the irritation-impulse of inflammation, consequently the retina must have two diverging nervefibres, viz.: one internal (motor) and one external (sensory), and these blend together at the corpus ciliare.

Let us suppose for the sake of demonstration that we have a rubber hose with a heterogenous content. When flattened it has three layers (Tab. I, Fig. 2), but if we bend it and cut it transversely near the curvature, we notice six superimposed layers. Now the retina is composed of two superimposed nervefibres, as we have seen above, which bend in the corpus ciliare. Thus it is evident that the retina must consist of at least six layers. The optic nerve contains marrow, as post-mortem examination proves, and this coagulates and separates in small lumps. The retina forms a half-sphere, whose wall consists of two flattened tubes. The optic nerve, on the other hand, is a continuation of the retina, containing neither flattened nervefibres nor ganglionic elements, but presents a tube, whose walls consist of two different fibres which have a hollow lumen. As no nerve elements are present here, we have in consequence the "blind spot."

In the accompanying sketch (Tab. I, Fig. 1) we find that the nervefibres of one eye remain undivided till they reach the chiasma. Here the optic nerve ends and sends the greater part of its fibres to the opposite side, retaining only a small portion of them. These fibres divide in such a way that the inner (motor) layer sends the light through the cone-and-rod layer (external) to the same psycho-optical center, whereas the other one passes to the opposite center, hence the light which is perceived by one eye must pass with the same intensity to both psycho-optical centers (nasal of the opposite and temporal of the same side).

Each tractus contains fibres of both eyes; in the chiasma the internal fibres decussate, but not the external ones, hence semi-decussation. We see then that we have, in the layers of the retina, the blind spot, the chiasma with semi-decussation, the distribution of the nerve fibres of each tractus, the undeniable proof of a nerve circulation in the optic apparatus.

What is true of the optic nerves must also be true of other nerves of the organism, because no nerve, coming from the brain and passing through the spinal cord to the peripheral organs, will traverse the medulla without decussation. Does decussation in the optic apparatus prove the existence of a nerve circulation, then it

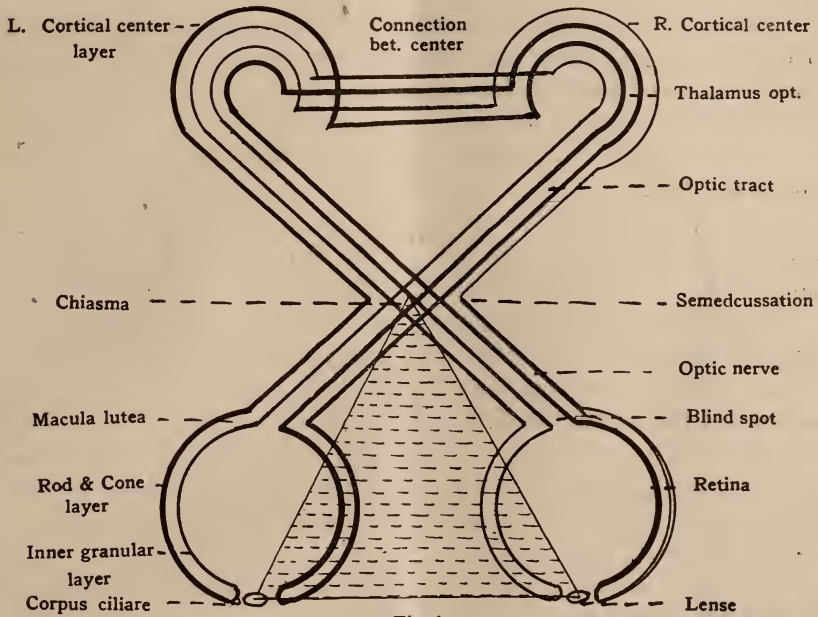


Fig. 1

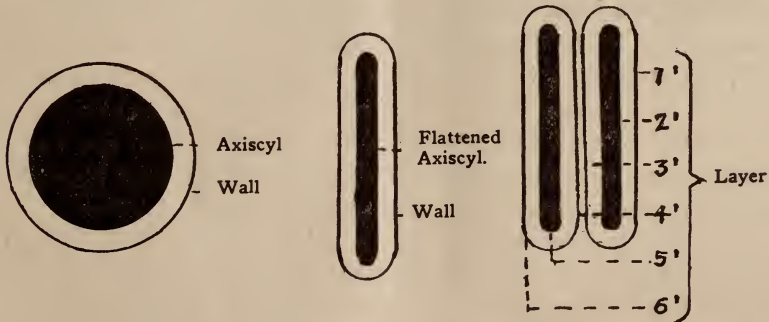


Fig. 2.

proves the same everywhere, hence every decussating nerve-fibre forms with the cell group, which it supplies, a complete nerve circulation.

The existence of a nerve circulation can also easily be demonstrated by the well-known sympathetic eye inflammation.

After a traumatic irido-cyclitis of one eye an inflammation seizes the other one after about six weeks, which then shows that **the affection has been transported into the sound side by the nerves, hence the second inflammation is the result of:**

- 1—The relation of the eye nerves (N. ciliares or optici) of the injured eye with the brain, and again the relation of the latter with the sound eye.
- 2—An interrupted circulation of the fluid (nerve plasma) of both eyes must have taken place through the brain as the medium.

In other words, the sympathetic eye inflammation can only take place if the nerves carry the inflammatory material from the injured eye by means of a circulation—consequently a circulation within the nerves, i.e., a nerve circulation must exist.

Approximately we can also calculate the duration of this nerve circulation thus:

We have seen that it takes about six weeks for the inflammation to travel from the affected side to the sound one and the distance which the infectious material has to traverse is as follows:

Supposing the inflammation has taken its way from the N. ciliares. This then means that the centripetal nerves have conducted the infectious material partially into the lateral tract of the N. opticus and partially into the N. ciliares (motor) of the sound side. Let us further suppose that the N. ciliares diverge from one point of the brain going to the center of the pupil of the other side, then we find by drawing a line through these points that an equilateral triangle is formed (Tab. I, Fig. 1).

Now the distance from one pupil to the other one measures about 6 cm., hence each side (from the pupil to the diverging point) 6 cm. also. We have seen that the inflammation travels in six weeks from one side to the other one or 1 cm. per week, hence in a person of average height (1, 7) a molecule of nerveplasma will travel from the brain to the toes in 17 weeks or about four months. But not all nerves have such fine fibres like the ciliary nerves, nor have all of them ganglia, consequently in straight nerves with plasma the circulation is not obstructed, or, in other words, is quicker.

The blood circulation needs about 24 seconds for a complete cycle, or 12 seconds to travel from the brain to the toes; the nerve circulation needs one month for every second of the blood circulation; hence a molecule of nerve plasma travels in 12 months from the brain to the toes. This enormous difference in time in both circulations necessitates a difference in the metabolic assimilation also. The blood circulation carries the nourishing material nearly instantly to the cells, whereas the nerve circulation supplies the cells after months only. In other words: The blood plasma produces acute metabolism, while the nerve plasma causes chronic metabolism.

Acute nutrition of the cell takes place from the cell wall towards the nucleus, while chronic nutrition sends its constituents

from the nucleus towards the cellwall. If we substitute for nutrition (normal) poisonous substances (abnormal), we can say: Acute infection of the cell takes place by the blood circulation from the cellwall towards the nucleus, and the period between infection and manifestation lasts only hours or days, while chronic infection depends upon the nerve circulation, passing from the nucleus towards the cellwall, and the period of infection and manifestation (incubation) appears after months or even years.

Every acute disease becomes chronic, if the infectious material imitates normal metabolism, i. e., if it seizes such persons, whose **nerve circulation** has the disposition to absorb the poison.

It follows that every acute disease must cause heart-weakness, and, when the chronic state sets in, it is evident that the heart must suffer twofold.

Every chronic disease produces then:

- (a) A lasting increased condition of the sensitive and
- (b) A lasting decreased condition of the sensitive and conductive part of the nerve circulation, if the predisposing poison has not immunizing properties, or:

In every chronic disease the heart nerves are either in a constant decreased or in a constant increased excitability.

We come now to consider the diseases of the human body, but we have to deviate from the usual classification, so long adhered to, and for many reasons we divide human life into the following periods:

- 1 stage—from birth to the end of the first dentition (6th year).
- 2 “ “ first to second dentition (6th to 14th year or puberty).
- 3 “ “ puberty to 25th year.
- 4 “ “ 25th to 50th year.
- 5 “ “ 50th to 70th year or over.

This division is not taken at random, but stands in relation with certain landmarks, though we cannot draw a sharp line of division on account of certain variations in different individuals.

In order to enumerate the various diseases we must consider beforehand that the offspring from a diseased parent has naturally inherited a certain amount of poison thereof, and in consequence the foetus is poisoned in utero, hence has received the disposition for certain diseases.

For the sake of illustration let us compare human life to a picture of a tree:

The roots of this tree receive from the soil upon which they grow infectious material, viz.:

- (a) Toxic amniotic fluid.
- (b) Hereditary poison.

(c) Alcohol poison.

(d) Vaccine poison.

And from these, either alone or combined, diseases develop, according to severity, time, age or disposition.

We may expect the following diseases in :

1st stage.

A—Primary diseases of all organs, which have come in contact with the amniotic fluid, viz.:

1—Epidermis, incl. eyes and ears.

2—Gastro-intestinal tract.

3—Respiratory tract from larynx to bronchioles.

4—Mucous membrane of nose, pharynx and mouth, incl. tonsils and tongue.

5—Joints and epiphysis of extremities, including muscles.

6—Cortex of hemispheres of cerebrum and cerebell.

B—Secondary diseases:

7—Rachitis.

8—Caries of bones and fungus of joints.

9—Chronic eye inflammation.

10—Secondary brain inflammation.

11—Chron. inflammation of trachia, bronchi and lungs.

2d stage:

12—Anaemia and chlorosis.

13—Bad healing of wounds.

14—Profuse bleeding of injured blood vessels.

15—Purpurea hemorrhagia.

16—Chorea minor.

17—Epilepsy—infantile and scrofulous.

18—Beginning of heart-weakness.

19—Disposition for nerve and mental diseases.

3d stage:

A—Diseases in both sexes:

20—Chronic secondary catarrh of the stomach.

21—Round ulcer of the stomach.

22—Bronchial and cardiac asthma.

23—Catarrh of the bronchi with or without emphys.

24—Infiltration of the apex of the lungs.

25—Different kinds of lupus with or without tubercul.

26—Chlorosis.

27—Irritation and paralytic phenomena of bladder incl. enuresis noct.

28—Chronic constipation with or without colicky pains.

29—Painful sensation of abdominal organs, especially of ileo-caecal and liver region.

30—Pains in joints, mimicking rheumatism.

31—Pains in stomach and all symptoms of chronic catarrh of same.

32—All kinds of heart cramps.

33—Spasm of laryngeal muscles and pains in same.

34—Chorea minor.

35—Eclampsia and epilepsy.

36—Mental diseases.

37—Tuberculosis.

38—Gonorrhoea.

39—Syphilis.

40—Diabetes mellitus.

(a)—*Diseases of the female organism:*

41—Chlorosis.

42—Chronic irritability of ovaries combined with pains during menses.

43—Spasmodic contraction of pharynx and oesophagus (globulus hystericus).

44—Fluor albus.

45—Hysteria.

(b)—*Diseases of Pregnancy:*

46—Vomitus gravidarum.

47—Nephritis.

48—Chorea minor.

49—Eclampsia gravidarum.

50—Mental disturbances during and after confinem.

51—Weak labor pains.

52—Postpartum hemorrhages from empty uterus.

53—Format. of chron. catarrh of uterus and enlargement of same.

54—Malposition of uterus.

55—Consecutive heart-weakness.

56—Oedema of lower extremities:

(a) Varicose veins.

(b) Chronic ulcer.

(c) Osteomalacia of pelvis.

4th stage:

57—Obesity.

58—Angina pectoris.

59—Emboli and thrombosis.

60—Leucemia.

61—Sarcoma.

62—Carcinoma.

63—Migraine and neuralgia trigeminus.

64—Chronic ulcer of leg:

5th stage:

65—Calcification.

(The above is only a part of the diseases, as space does not permit a complete list.)

From the foregoing it might be seen that the maintenance of life depends upon various factors, viz.:

In the first stage of life—the removal of resp. the neutralizing of the inherited poison.

In the second stage—to diminish the disposition for the disease.

In the third stage—the counteraction of predisposing senility.

In the 4th and 5th stage—to bring back the system from stability to lability.

We possess for each stage certain remedies which act as true specifics, with either dissolving or uniting powers, being able to restore the diseased tissues to the normal state again.

The what, the why, the when of these drugs, i.e., the therapeutic side is very interesting, but lengthy, hence another chapter.

New York City.

Ventrofixation.

BY O. A. HYDE, M. D.

Read at the September Meeting of the Eclectic Medical Society, City and County of New York.

It would seem of little purpose to speak of this operation without referring to others closely related to it, as far as efforts at uterine support is concerned.

I shall, therefore, go beyond this procedure and speak of several operations to support or maintain the uterus in a more or less fixed position.

This operation has been employed principally to correct retroversion, and partly prolapsus uteri.

It is an operation to fix to a certain extent the uterus in a position of anteversion.

When we consider the need of this organ to have attachments that allow it quite a range of freedom of motion, especially during pregnancy; while, when unimpregnated it remains normally movable only to a slight extent, we may easily appreciate the difficulty of forming other attachments that will not interfere with its greater range of pregnant movements.

Therefore, gynaecologists have been trying to devise some satisfactory plan to limit uterine movement and maintain it in a position as nearly normal as possible.

Ventral fixation is an example of this tendency.

It consists in attaching the fundus of the uterus to the abdominal walls midway between the symphysis pubis and the umbilicus in the median line.

It is performed by a median laparotomy incision extending from a point just above the pubis symphysis for 5 or 6 inches, next, freeing the uterus and adnexa from adhesions, and then by two or three stitches sewing the fundus to the muscular and other tissues, excepting skin and peritoneum, of the abdominal wall, thus fixing the uterus easily to the anterior abdominal wall.

If, later, pregnancy occurs, it may be interrupted by a miscarriage; or if pregnancy go to term, the anterior uterine wall may be found bent or buckled on itself to a degree that leaves an elevation on its anterior inner wall, while the os. uteri is low and well backwards.

Over this fold or elevation the fetus has to pass on its way to the os. for expulsion.

For these two reasons it should not be performed during the child-bearing period, the extreme limit of which extends well beyond the menopause.

Further we note its resemblance to an operation, ventro suspension, in which we have the uterus, at the fundus, served by two stitches to the abdominal peritoneum.

While the latter operation is supposed to be more temporary, it may become practically a ventrofixation, with its associated evils, or it may leave the uterus attached by a long band or pedicle of peritoneum to the site of operation on the peritoneum of abdomen.

This band leaves the patient exposed to the dangers of intestinal obstruction.

Now, while in ventrofixation it is not probable, yet it is possible that the uterus may become attached to the abdominal wall by a more or less elongated band of peritoneum, it renders this operation open to the same objections as ventro-suspension.

Therefore, it appears that ventro-suspension may become ventrofixation, and vice versa, and consequently neither should be performed until after the child-bearing period.

Both, therefore, present the same possibilities of interfering with pregnancy, or producing intestinal obstruction.

The question then is what shall we substitute for these operations?

In answer, we find that all have the same end in view, the correction of retroversion and prolapsus uteri.

First, we note Alexander's operation, which, when the uterus is small and light, may be all that is needed, but as so many better methods have been devised, it is seldom used.

Several modifications of this operation are worthy of notice,

the best of these, perhaps, that of Dr. Robert Abbe seems most successful as to results obtained and to permanency. He used about the anterior half of the round ligaments as an over and over stitch through the margins of the inguinal canal similar to Bassini's hernia operation, as far as it would go, and then completed the closure of the canal and external ring by catgut.

He has stated that it has never given way in 25 years' use of the operation.

The above operations were upon the anterior part of the round ligaments; next the middle part of these ligaments were used by duplication, but these gave way too often to be a success.

Shortening the posterior, or utero-sacral ligaments through the vaginal roof, or from above by laparotomy, has given good results, by drawing the lower part of the uterus upward and backward, and causing the upper part or fundus to fall forward, thus relieving the retroversion.

To turn again to the round ligaments: their posterior and strongest portion has been used by duplication, both on the anterior and also on the posterior uterine body surface.

Anteriorly, through a vertical incision of the anterior vaginal wall, these ligaments are seized about an inch and a half from the uterus, then drawn to the middle line and sutured to each other at the turn or fold of ligament, and to the uterus body by two or three sutures of paraffined linen or silk.

The posterior operation consists of a laparotomy incision above the pubes, a seizure of the round ligaments about $1\frac{1}{2}$ inches anterior to their uterine attachment, then drawing them, at their fold, through the broad ligaments near the uterus and just below the attachments of the tube and ovarian ligaments, bringing them to the median line on the posterior uterine surface, sewing them to each other and the uterus by three to five sutures of linen or silk, as mentioned before.

This latter method has an added advantage, as it, by its passage under the ligament at the ovary, raises and supports that organ when prolapsed, or aids in preventing its prolapse.

This condition of prolapse often complicating uterine versions, or prolapsus uteri.

This operation, known as the Baldy, or more properly, Baldy-Webster operation, thus serves to correct retro-version and prolapsus, either of uterus or ovary, or both, as the case may be.

A later examination of the uterus has shown that the folded round ligament had at its folded portion grown fast to the uterus almost as though originally attached there.

From this three-fold advantage obtained by it, it seems very decidedly the best of the several operations devised for these uterine and ovarian displacements.

I may add, also, that it has not been of disadvantage in several hundred subsequent confinements.

Cinchona.

BY H. HARRIS, M.D.

Read at the September Joint Meeting of the Kings County Eclectic Medical Society and the Brooklyn Therapeutic Society.

The cinchona tree belongs to the natural order of rubiaciae, and was found originally only in South America between the latitudes of 10° north and 20° south. There are nearly forty species recognized as yielding the important alkaloid or quinine, but five only are used commercially for that purpose. These are as follows:

Cinchona Calisaya, yellow bark C.

Cinchona Succirubra, red bark C.

Cinchona Condaminea, pale bark C.

Cinchona Pitayensis, Pitaya bark C.

Cinchona Micrantha, gray bark C.

There are but two official species as follows:

Cinchona Calisaya.

Cinchona Rubra.

The conchona tree is an evergreen, attaining a height of from forty to eighty feet, being from two to three feet thick at the base. The native trees of Brazil, Peru and Bolivia are yearly becoming more and more scarce, since little or no effort is being made to replace the trees which have been removed for commercial purposes.

Extensive cultivation of the cinchona tree is being carried on in Java, Ceylon, India, Burmah, Jamaica and New Granada. The cultivated trees yield a higher output of alkaloid and the plantations are highly successful from a financial standpoint. New species are constantly being discovered, owing to the tendency of the trees to hybridize.

The bark of the cinchona tree is variously known as Jesuit's bark, Peruvian bark, china bark, quina, quinquina and cinchona bark.

The bark was first introduced into Europe in 1639 by the Countess del Cinchon, the wife of the viceroy of Peru, who had been cured of an obstinate attack of intermittent fever by its use. Shortly thereafter, Jesuit missionaries brought the remedy to Rome, hence the name "Jesuit's bark," or "Pulvis Patrum." It was also called "Cardinal di Lugo's Powder" in honor of that prelate who recommended the drug most highly.

The Jesuits extolled the virtues of cinchona, claiming it to be a panacea. Among the laity of southern Europe it was enthusiastically received as an infallible remedy in all fevers of the remittent

and intermittent type. The medical fraternity was hostile to it, and the Protestants refused to use it altogether.

Its mode of action was misunderstood, and too much was claimed for it, as is often the case in new remedies to-day. Many failures were recorded against it, disagreeable symptoms, some transient, many permanent, accompanied its use, and so, having reached the zenith of its popularity, it gradually but completely fell into disuse. Little or nothing can be learned of the remedy until 1601, when an English physician, Sir Robert Talbot, resurrected it from the oblivion into which it had undeservedly fallen. By careful study of the drug and the diseases in which it could advantageously be used, he achieved a wide renown in the treatment of miasmatic fevers.

Soon afterward, Morton and Sydenham adopted the remedy, and e'er long it was received into favor by the medical profession and used throughout Europe.

From its first introduction into Europe in 1639 until the beginning of the nineteenth century, only the watery and alcoholic preparations of the bark were used. Early in the eighteen hundreds, the alkaloids of cinchona bark were discovered. From that time until the present day, the use of the crude bark has gradually fallen off and the alkaloids have taken its place.

Cinchona bark has from the earliest times commanded a high price, with the inevitable result of adulteration. Many barks have been used for this purpose, chief of which is cascarilla. This tree grows in greater abundance and nearer the coasts, so that it claims many advantages as an adulterant.

Cinchona bark contains about twenty-one natural alkaloids, eight artificial alkaloids, two simple acids, two tannic acids, a resinoid, and coloring matter.

The most important alkaloids are the following: Quinine, quinidine, cinchonine, cinchonidine.

The following preparations of the bark are official:

Extractum Cinchonae.

Extractum Cinchonae fluidum.

Tinctura Cinchonae.

Tinctura Cinchonae Composita.

Infusum Cinchonae.

Unofficial preparations of the bark are:

Tincture Pyrexialis or Warburg's Tincture.

Huxam's Tincture of Cinchona Bark.

Chief of all the alkaloids of cinchona is quinine, which carries most, if not all, the virtues of the bark. The following salts of quinine have been, or are, in daily use:

Quinia impura or colored quinine, which is really a mixture

of all the alkaloids of cinchona, long discarded, but again coming into favor.

Amorphous quinine, which does not crystallize.

Quinine acetate, arsenate, citrate, iodide, kinate, lactate, muriate, nitrate, phosphate, sulphate, bisulphate, sulphotartrate, tannate, tartrate and valerianate; also the double salts, quinine and iron citrate, quinine and iron iodide, ioduretted iodide of quinine, quinine and mercury chloride, quinine and urea hydrochloride.

Quinine and its salts are frequently adulterated, the chief substances used for this purpose being gypsum, chalk, magnesia, gum, starch, boric and stearic acids, sugar and salcin.

The action of quinine depends on the dose, and may be summarized as tonic, stimulant sedative and depressant. It acts directly on the stomach, heart, blood, spleen, uterus, and nervous system.

In small doses, its action is tonic on the stomach. It promotes appetite, increases the flow of the saliva and gastric juice, but long continued use deranges the digestive function, and large doses may irritate the stomach and set up a chronic catarrh as a direct result.

Quinine has a decided effect upon the blood, arresting the movements and increasing the number of the white blood corpuscles.

It seems to exercise a germicidal effect upon certain parasites of the blood, such as the plasmodium of malaria. There is reason to believe that the oxidizing action of the blood is decreased under the influence of quinine, and perhaps on this fact depends the antipyretic powers of the drug. Quinine, unlike many of our modern remedies, harmonizes theory and fact. Its antiseptic effects can be shown within the human economy as well as in the test tube. A solution of quinine sulphate 1 to 500 proves destructive to lowly organized life such as infusoria and fungi, while a solution of 1 to 250 prevents alcoholic fermentation.

The heart and arterial system are but slightly effected by small doses, but a large dose, of forty or fifty grains, has a positively depressing effect on these organs. The blood pressure is markedly lowered, the cardiac action is depressed as shown by a feeble small pulse. Capillary circulation is markedly interfered with, the surface is cool, the pupils dilated and the muscular system profoundly depressed.

Little is known as to the effects of quinine upon a healthy spleen, but in cases of enlargement of that organ, due to malaria, there is a steady and marked reduction in size when the remedy is properly administered.

Quinine has an undoubted action upon the pregnant uterus.

In fact, in those unfortunate cases where pregnant women suffer with malaria, it is often a question whether or not to use quinine. There are several cases on record where premature labor has been induced, although in these cases one cannot be certain whether the disease or the remedy was to blame. The highest authorities on obstetrics advise the administration of quinine in malaria in pregnant woman, but they also caution us against the use of large doses, and urge careful attention to the effect upon the gravid uterus.

Large doses of quinine exert a decided action upon the brain and nervous system. It is said that a miniature malarial paroxysm has been induced in a malarial subject by an untimely dose of the drug. Among the first symptoms of cinchonism is buzzing in the ears, impaired hearing, throbbing headache. More pronounced effects are great restlessness, wakefulness, disturbed vision, vertigo, delirium and even coma. There may be great muscular depression even when moderate doses have been administered.

Although many authors hold that these results are temporary, Potter reports a case where color vision remained impaired for many years. Ellingwood speaks of many cases of chronic deafness following the use of quinine. He even claims that death has ensued in some cases, although I cannot find any other author who bears him out in this statement.

There is one fact upon which all physicians agree, and that is that quinine is a specific against malaria. It kills the plasmodium in the blood and in the laboratory.

Regarding the action of the remedy in malaria, Woods says as follows: "A large dose of quinine does not necessarily prevent segmentation of large forms (of the plasmodium), but it may destroy the small merozoites as soon as they are set free in the blood, and both alter the morphology and prevent the development of the ring forms in the red cells. The rings do not stain so deeply as normal; their edges are without sharp contour, and the whole parasite appears as if torn. The nucleus is altered in shape and shrunken. The larger amoeboid forms are much altered by the action of quinine, showing very numerous pseudopodia, scattering of chromatin in irregular masses often outside the cell, and altered staining qualities of the protoplasm of the cell body. The younger gametes of both sexes show the same scattering of the chromatin and torn appearance of the protoplasm as in the amoeboid cycle, but the adult sexual parasites show no change. In black water fever, the administration of quinine is apt to show a marked hæmoglobinuria in a short time.

While all physicians agree on the value of quinine in malaria, there is a wide diversity of opinion as to the best way to administer

it. Austin Flint says: "As regards the form in which the sulphate may be administered, it is most effective when given in solution, its solvency being secured by the addition of a minim of aromatic sulphuric acid for each grain of the salt. If, owing to irritability of the stomach, the remedy be not retained, it may be given by enema in larger doses than when given by mouth." This latter method is especially serviceable in children when difficulty is encountered in giving it by mouth. It may also be given by inunction, a method endorsed by Ellingwood. When neither stomach or rectum will retain the remedy, Flint advises its administration hypodermically.

Regarding the best time to exhibit the drug in malaria, he recommends its administration as near as possible to the paroxysm which has just passed. Beretonneau, Graves, Briquet, Trosseau and Murchison coincide with these views. Flint says further: "It is probable that if it be given in the sweating stage, the chances of preventing the next paroxysm are greater than if the administration be delayed until after this stage."

Potter, in his *Materia Medica*, holds the same view. Ellingwood recommends the administration of small doses "during the intermission, from one to three hours, preceding the anticipated attack, or at the time when the temperature has reached its lowest point."

Caillé recommends the administration of 10 grains twice daily for 3 or 4 days; then 10 grains once daily for 3 or 4 days; then 5 grains once daily for one week. He says further: "It matters little when the quinine is given. It should not be given in a gelatin capsule, which often passes unchanged through the intestines. Quinine may be given hypodermically by using the soluble salt, quinine and urea hydrochloride in from 5 to 15 grain doses."

Concerning the antipyretic powers of quinine there is much dispute. Some deny it such power in all cases save those of malaria, where the effect depends upon its germicidal virtue. Others laud it as one of our safest and surest febrifuges. One thing is certain, that it has no perceptible influence on the temperature in either typhoid fever or tuberculosis, nor does it, in medicinal doses, reduce the temperature in health. I do believe, however, that many diseases, which at the outset show ill defined symptoms with fever, are amenable to the action of quinine. It acts particularly well when combined with the true salicylate of sodium. The latter remedy being actively diaphoretic, an efficient cholagogue and intestinal antiseptic, covers a wide field of usefulness. I cannot, from my own experience, agree with Ellingwood, that in order to obtain beneficial effects from quinine the following conditions are necessary: "Soft" skin, moist mucous membranes

of the mouth, moist tongue, "inclined" to be clean, pulse full and soft, and a temperature declining or normal." In such conditions there is little need for quinine or any other remedy.

Among other diseases peculiarly amenable to the action of quinine may be mentioned influenza, acute articular rheumatism, acute tonsillitis, neuralgia of malarial origin, amenorrhoea brought on by exposure or wet feet, erysipelas, acute coryza and congestive chills.

In pneumonia it has undoubted power to control excessive temperature. In sapræmia the symptom complex is quickly relieved by the use of the remedy, when local conditions have been properly treated.

A protracted cough, following broncho-pneumonia or bronchitis in children will often yield to the influence of quinine.

Quinine in 6 grain doses combined with strychnine in 1/30th grain doses is a powerful stimulant in uterine inertia. Usually two doses given half hour apart are sufficient.

In fermentative dyspepsia, combined with anorexia and intestinal atony, quinine exercises a highly beneficial action. It is a splendid tonic to the system in general following serious illness, where its restorative virtues are marked.

It has been used with reported good results as a spray in diphtheria and whooping cough. It is recommended as a local application in hay fever, erythema, sluggish ulcers and some parasitic skin diseases.

Hyperidrosis will sometimes yield to a solution of quinine, in the proportion of a dram to the quart.

Items From the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

If a degenerate marries a non-degenerate all, or most of the offspring, will be degenerate, the proportion of affected children being much in excess of what would be expected according to accepted theories of heredity. If the unaffected partner is very healthy, the children may on the whole be less affected than the degenerate parent, and thus a series of marriages into good, strong stocks may prolong a degenerate family and probably even obliterate the degeneracy in the course of time.

The prognostic outlook in Dementia Precox is always very grave. The hopelessness as far as mental health is concerned is beyond any doubt. In those few cases where the patient apparently recovered from Dementia Precox the subsequent relapses and complications from pulmonary tuberculosis produce a high mor-

tality. But in all these cases, remember that atypical depressions are not Dementia Precox.

In *Revue de Medicine*, F. Mouisset and J. Gate state that in prolonged and persistent asystole the alterations in the circulation of blood in the brain, the presence of toxic substances, some inflammatory lesions combine to produce a hyporexcitability of the latter organ. This may perhaps explain some causes of true epilepsy or other psychic manifestations.

In the *Deutsche Medicin. Woche* Höchhaus mentions the fact, that he does not believe it necessary to lower blood pressure in arteriosclerosis, save on very special occasions. Iodine, in his estimation, comes near to a specific in arteriosclerosis. It seems to unburden the circulation and remove obstruction.

Hydrobromide of scopolamine possesses unquestionable value as a hypnotic in the treatment of the insane. Administered hypodermically in doses varying from 0.003 to 0.015 of a grain, it will induce in the majority of cases a sleep which will last from 3 to 10 hours. On awakening the patients appear much calmer than before the administration of the drug. This is especially so in cases of uræmia and in chronic insanity. It has no power, however, in cases of delirium tremens.

The more I study neurasthenia, the more I come in contact with neurasthenics, the more I believe that neurasthenics are not made, they are born.

The use of bromides in epilepsy in every case does more harm than good, often they work mischief. In epilepsy, it is of utmost importance to study each individual case, and one and the same remedy can not be applied in each case. Most of the cases of epilepsy are not due to acquired causes, but to some congenital defects—to an inherent instability of the nervous system.

When you examine a case of aphasia you must examine 1, voluntary speech; 2, exclamatory speech; 3, responsive speech; 4, associative speech; 5, quality speech; 6, repeating spoken words; 7, indicating the number of syllables, in a word, to show that the patient knows that it is a word; 8, writing; 9, writing to dictation; 10, copying; 11, singing; 12, gesturing; 13, understanding gestures; 14, understanding spoken words; 15, naming things seen or felt; 16, reading numerals; 17, general intelligence.

In hysterical hemiplegia the weakness is generally more marked in the leg than in the arm. The face and tongue are very rarely, if ever, paralyzed, but these muscles may be affected by contracture. In walking the leg is dragged after the patient, and is not swung in the arc of a circle as in organic hemiplegia.

There is before me the following letter: "My dear Doctor Adlerman, please outline for me a treatment for epilepsy and send it to me by return mail. I have a rich patient, an epileptic, and I want to make good." Yours very truly,

————— M. D.,

————— New Jersey.

In answer to the above I desire to say this: "My time is somewhat limited, doing consulting work, teaching, writing. I expect to be paid for my work—and were I to answer all queries as to treatment, diagnosis free of charge—I would do an injustice to myself and to my "paid" work. I must therefore insist that all requests for treatment or diagnosis sent to me by mail, should be accompanied by the fee of \$5.00 to pay for my time and labor. I also require a complete history of each case, and as many details as possible. Take the above letter: Is this epileptic a child or an adult, is it a man or a woman? Is it Jacksonian epilepsy? Is it epilepsia motior, or is it the Grand Mal? Is it perhaps a Myoclonus epilepsy? Is it organic epilepsy? Is it due to syphilis? Is it due to tumor, or due to a postapoplectic cyst? Which is it, doctor? How am I to guess all these things? Send me a complete history, enclose the fee of \$5.00 and I will answer promptly.

In quite a few cases of so-called neuralgia, I have often found a low-grade neuritis. This was markedly so in a great many of the trigeminal and sciatic forms. It is worth remembering this!

In arterio-sclerosis it is important to remember the following things: The blood pressure is increased, the pulse is hard, tense and incompressible. There are signs of hypertrophy of the heart, the apex in many of the cases is displaced beyond the nipple line.

If you desire to divide paranoia into three stages, you can include in the first stage these symptoms: Perversion of all sensations is suspicious of conspiracies against him, has hallucinations of hearing and taste. In the second stage: Delusions of persecution, which delusions are fixed and systematized. From being persecuted, the patients turn persecutors. Homicidal tendencies are present. Answers questions in a surly manner. Third stage: exalted ambitions, dementia never occurs.

Duboisine is a useful drug if used in proper doses and under proper conditions. It can be given with good results in epilepsy, periodic insanity and acute mania. It lessens excitement and produces sleep. In large doses it will cause a drunken condition, giddiness, vomiting, tonic and clonic convulsions, hallucinations and delirium.

In some cases marked epilepsy or substitution phenomena can take the place of the epileptic attack "per se" the patient passing through automatic acts instead of a convulsion, or a condition of double consciousness may exist in which the patient may wander off for some hours or even days, coming to himself in some remote, strange locality. This condition we call "ambulatory" epilepsy. In some cases marked psychosis may be the substitution, such as mania, or delusional insanity with homicidal or suicidal tendencies.

In the *Revue de Neurologique*, Hoskovic reports a case of Dercum's disease in a woman of 62 years of age. The disease developing at the menopause was characterized by pain and disturbances of the sympathetic system, transitory edemas followed by a diffuse hyperplasia of the subcutaneous fatty tissue, painful spontaneously and on pressure, some disturbances of motion and an enlarged thyroid gland. The case would suggest to me as one of lipomatosis, with a vasomotor neurosis, hysteria, or even, perhaps, an asthenic bulbar paresis.

The dividing line between delusional insanity and melancholia is indefinite, many delusional patients are depressed, and many melancholiacs have delusions.

910 St. John's Place, Brooklyn.

The report of the Regents will be mailed to the Alumni and friends immediately upon its receipt.

Send for the catalogue of the Eclectic Medical College of the City of New York.

Items and Book Reviews have been crowded from this number.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

A Brief Re-Study of Wooster Beach's Remedies.

NO. IX. SCUTELLARIA LATERIFLORA.

This indigenous plant, commonly known as skullcap, affords a medicine of nervine and antispasmodic properties which many physicians highly esteem. It is also deemed a tonic to the nervous system of some merit.

Scutellaria exerts a direct influence upon the cerebro-spinal centers, which markedly controls irritation. It constitutes a medicament of value in all diseases in which a drug combining tonic and nervine properties is indicated. In chorea it is used with good results, and in hysteria it is a useful remedy. In that not well-defined condition commonly known as nervousness scutellaria exerts a quieting influence, and in delirium tremens it is often of value as a means of securing rest and sleep. In inability to control the voluntary muscles, it has been used with satisfactory results, and in inco-ordination of muscular movements it is beneficially employed.

Scutellaria was the leading remedy of Dr. Beach in the treatment of chorea, and he cured a large number of severe cases of the disease with this drug alone. He also believed it to be "very useful in convulsions, tetanus and tremors."

The following are among the specific indications for scutellaria: Sleeplessness; muttering delirium; tremors; twitchings; restlessness; nervousness manifesting itself in irregular action of muscles; cerebral irritation.

The dose of specific scutellaria (or a good fluid extract) is from 1 to 20 drops, but it may be efficiently employed as follows: $\mathcal{R}$ Scutellaria, gtt. x. to $\mathfrak{z}$ iv.; water, $\mathfrak{z}$ iv. Teaspoonful every two hours.

Articular Rheumatism and Four of the Remedies Used in Its Treatment.

The diagnosis of articular rheumatism is usually not difficult, the history of the case assisting materially in determining the disease. The articulations are swollen, tender and painful; one or more may be affected at the same time, usually not more than two, and the amount of swelling, discoloration and pain varies in different cases; sometimes the tenderness and pain are exquisite; at others they are not very marked. * * * If the disease attacks a group of muscles, we may find them gradually shortening until a limb is rendered entirely useless.

—*Thomas' Practice of Medicine.*

BRYONIA.

Bryonia must be given as in other acute conditions, in small doses. * * * In acute rheumatism of the joints of the fingers or hand it seems to be of especial value.—*Ellingwood's Materia Medica*. Articular rheumatism is among the abnormal conditions which usually present indications for bryonia. * * * It is especially indicated when the pain is of a tensive and cutting character.—*Fyfe's Materia Medica*. Bryonia is a good agent in rheumatic affections, being more or less useful in all forms of rheumatism.—*Locke and Felter's Materia Medica*. Bryonia is useful in rheumatism when the pains are sharp, confined to the joints, and aggravated by motion.—*Mundy's Diseases of Children*.

GAULTHERIA.

Gaultheria is of benefit in acute articular rheumatism. A liniment of the oil of gaultheria is useful in allaying the pain of rheumatism.—*Ellingwood's Materia Medica*. The oil of gaultheria is extensively used in rheumatism. It is believed to possess all the valuable properties of salicylic acid. * * * It is less depressing, and relapses under its use are less frequent.—*Fyfe's Specific Diagnosis and Medication*. Gaultheria is especially valuable in rheumatism of the type benefited by salicylic acid.—*Locke and Felter's Materia Medica*.

PHYTOLACCA.

Phytolacca is a nerve stimulant, and this well explains its action in curing rheumatism.—*Ellingwood's Materia Medica*. Phytolacca is one of our most efficient drugs in the chronic form of articular rheumatism, its long continued use doing much toward preventing a return of the painful affection.—*Fyfe's Specific Diagnosis and Medication*. Phytolacca is an excellent drug in rheumatism.—*Locke and Felter's Materia Medica*. Phytolacca is especially indicated in rheumatism when the lymphatics are enlarged.—*Mundy's Diseases of Children*.

RHUS TOXICODENDRON.

In acute inflammatory rheumatism the indications for rhus tox. are conspicuous. The agent is often of first importance in this disease.—*Ellingwood's Materia Medica*. In rheumatism, especially when burning heat, redness and great restlessness are prominent features of the disease rhus tox. constitutes one of our most valuable remedial agents, and in rheumatic inflammation of the sheath of the sciatic nerve it is as positively curative as it is possible for a drug to be.—*Fyfe's Specific Diagnosis and Medication*. Rhus tox. is the remedy in some forms of rheumatism. When the patient suffers most when at rest and when the body is warm, use rhus.—*Locke and Felter's Materia Medica*. Rhus tox. is very efficient in rheumatism, especially when there is the sharp, burning pain in the affected parts, which are bright red, and the tongue is red and pointed with prominent papillae.—*Mundy's Diseases of Children*.

Epilobium Angustifolium.

The leaves and root of this perennial plant possess tonic and astringent properties that exert a specific influence upon the intestinal mucous membranes, which relieves irritation and promotes normal activity.

Epilobium is a good remedy in acute diarrhea, as well as in dysentery. It has also been employed with gratifying results in chronic diarrhea characterized by large passages of partially digested food, and in cholera infantum it is deemed an efficient drug. In the diarrhea of typhoid fever it exercises a controlling influence over the discharges and quiets gastro-intestinal irritation.

Some physicians use an infusion of epilobium, and obtain excellent results from the drug in that form. Dr. H. W. Felter, in an editorial in the *Eclectic Medical Gleaner*, gives his experience with the infusion of epilobium, as follows: "Few physicians have a clinical knowledge of epilobium, and in our opinion deprive themselves of a valuable medicine, in not employing it in certain diarrhœal disorders, particularly in the summer and autumn months. While not astringent, at least to any appreciable degree, it exerts an influence upon the gastro-intestinal mucous surface allaying irritation and diminishing discharges. Personally, we value it highly in certain phases of cholera infantum, enterocolitis, mucous diarrhœa, and especially the diarrhœa of typhoid fever. Many seem to get no results from it in the latter disorder, but our own personal experience with it has given it the first place in remedies for that disorder. While alcoholic preparations are of some value, we rely chiefly upon a freshly prepared infusion, as follows: R̄ Epilobium ʒii; boiling water Oj; infuse 15 minutes. Add, glycerine ʒss; essence of peppermint ʒi. Sig.—Administer in tablespoonful doses every 2 or 3 hours as needed. The indications for this valuable medicine are: Watery diarrhœa, with or without colicky pain; feculent discharges with tormina and tenesmus; cholera infantum, with greenish watery discharges; the diarrhœa of typhoid fever; and chronic diarrhœa associated with debility and a rough, contracted, and dirty looking skin."

Society Meetings

Eclectic Medical Society of the City and County of New York.

September 19th, 1912.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held in the College Auditorium, Thursday evening, September 19th, 1912, Dr. H. Harris presiding.

This being the first meeting since the summer recess, a large number of members were in attendance.

Dr. O. A. Hyde, the essayist for the evening, read a paper entitled, "Ventre-Fixation."

The essayist described ventro-fixation and its similar operation, ventro-suspension. He referred to the uncertainty of their remaining as at time of operation, as either may change to the other, with their interference with pregnancy, or possibly act to produce intestinal obstruction. He also reviewed other operations to maintain the uterus in a normal position, as Alexander's, with modification, and especially recommended the Baldy-Webster operation as excellent. Many confinements without difficulty having followed this last operation. The essay appears in full in this issue of the "Eclectic Review."

Among those present, who participated in the discussion of the paper, were: Drs. Moran, Hardy and Pearlstein, after which a vote of thanks was tendered to Dr. Hyde for his very excellent paper. Dr. Theodora D. Adlerman signified his willingness to read a paper at the October meeting entitled "Intro-cranial Tumors."

There being no further business before the meeting the Society adjourned.

M. B. MacDermott, Secretary.

Kings County Eclectic Medical Society.

The September joint meeting of the Kings County Eclectic Medical Society and the Brooklyn Therapeutic Society took place September 24th at the Hof Brau House. While the night was not a very pleasant one, as the gates of Heaven seemed to have been open, and the rain came down in torrents, twenty-five members answered the roll call when the meeting was called to order by President Adlerman. The New York County Eclectic Medical Society was well represented, the delegation being composed of Drs. Sillo, Greene, Brandenburg, Harris, Olson, Alperin, Blaustein, Birkenhauer, and Heeve.

Two very interesting essays were presented to the Society, by Dr. Harris on "Quinine," and by Dr. Lanzer on "the presence of Gases in the tissues in pus cases of Appendicitis."

Discussions in which most of the members present participated followed. Three new members, Drs. Rohde, Strahl, and Seligman, were proposed and elected at this meeting of the Kings County Eclectic Medical Society.

The usual banquet followed, and the social part of the meeting proved a great success, the members leaving for their homes in the wee hours of the morning.

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Brooklyn, N. Y.
SUGGESTIVE THERAPEUTICS

V. SILLO, M.D.,
353 West 57th St.,
DISEASES OF THE STOMACH AND
INTESTINES.

HENRY E. WAITE, M.D.,
252 West 29th St.,
X-RAY LABORATORY AND ELECTRO-
THERAPEUTICS.

CHARLES W. BRANDENBURG, M.D.,
223 East 14th St.,
CHRONIC DISEASES AND ELECTRO-
THERAPEUTICS.

HENRIETTA TIENKEN, M.D.,
338 East 17th St.,
DISEASES OF CHILDREN.

MAX MEYER, M.D.,
14 East 120th St.,
CHEMICAL AND PATHOLOGICAL
LABORATORY.

LEWIS LANZER, M.D.,
220 Penn St., Brooklyn, N. Y.
SURGERY.

J. C. ROSENBLUETH, M.D.,
348 East 72d St.,
GENERAL PRACTICE.

CHARLES LLOYD, M.D.,
478 4th St.,
Brooklyn, N. Y.
DIAGNOSIS AND INTERNAL
MEDICINE.

Z. MOSHKOWITZ, M.D.,
314 East 3d St.,
DERMATOLOGY.

ROBERT KUNITZER, M.D.,
7 West 121st St.,
GENERAL CONSULTANT.

T. D. ADLERMAN, M.D.,
910 St. Johns Place,
Brooklyn, N. Y.
MENTAL AND NERVOUS DISEASES.

P. MARLOWE, M.D.,
1554 Minford Place,
URO-GENITAL AND VENEREAL
DISEASES.

ROBERT L. WATKINS, M.D.,
20 West 34th St.,
HAEMATOLOGIST—DIAGNOSIS BY
BLOOD EXAMINATION.

ADAM B. WOLFE, M.D.,
172 Foxall St., Brooklyn, N. Y.,
GENERAL PRACTICE.

A. BLAUSTEIN, M.D.,
421 6th St.,
DISEASES OF CHILDREN.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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No. 11.

The College.

As stated in last month's REVIEW, the Regents met in Albany on October 16th, and we expected that a positive report would be made by the Committee on License, and waited anxiously for official word. On October 23d, Dean Hardy received the following:

"My dear Dean Hardy:

"I have to inform you that at the meeting of the Board of Regents on the 16th instant, your application for registration was not granted, but it was voted that the College authorities be given a hearing in the matter at the next meeting of the Board, which will probably be early in December. The exact date has not been determined.

"Yours very truly,

"A. S. DOWNING,

"First Assistant Commissioner, etc."

Another postponement, another delay, without giving us a criticism or hint as to our supposed deficiency.

An interview was sought by Dean Hardy with First Assistant Commissioner Downing, and he was informed that he had gone upon a vacation and would not return for two weeks.

After a delay of a few days we decided to have our Council communicate with Commissioner Draper and obtain from him the gist of the Committee's report, or such other information as might be necessary to place us in a position to know in what particular we had failed to meet the requirements.

After communicating with the Commissioner on the long distance 'phone we received the following letter dated Nov. 2d:

"At a meeting of the Board of Regents of the University of the State of New York held October 16th, 1912, the Committee on Licenses to which the matter of the application of the Eclectic Medical College for re-registration had been referred at a preceding meeting, stated that a report would be submitted at the next meeting, at which time it was suggested that an opportunity be given to the college to be heard in the matter.

"It was thereupon voted that this statement be accepted, and that the Eclectic Medical College be advised, at least 30 days in advance of the next meeting, that a hearing will then be given on its application for re-registration.

"I accordingly advise you that the next meeting of the Board of Regents will be held in the Regents' chambers of the State Educational building on December 12th at 10 A. M.

"Respectfully,

"(MRS.) H. H. GREENE,

"Secretary to the Commissioner."

We had asked Mr. Couch, the College Council, when talking to the Commissioner over the long distance 'phone, to ascertain the status of our students in case registration was not granted at the next meeting. This was the morning of Nov. 2d. The Commissioner's Secretary requested that the questions be submitted in writing and promised an immediate answer. On the afternoon of Nov. 2d Mr. Couch mailed the following letter:

"Nov. 2d, 1912.

"Hon. Andrew S. Draper,

"Superintendent of Education,

"Educational Building,

"Albany, N. Y.

"Dear Sir:—

"As council for the Eclectic Medical College of the City of New York, I have been requested to communicate with you and ask for your advice on the following points:

"Action upon the re-application of the Eclectic Medical College for registration having been deferred until the meeting of the Board of Regents in December, what will be the status of the students in the event of non-registration?

"First as to those who have matriculated at the commencement of the present scholastic year.

"Second as to the students who matriculated in previous years and are pursuing, but have not completed their course.

"Will such students be allowed to enter other institutions that are registered and get credit for the time spent this scholastic year in the Eclectic Medical College.

"As these students are pressing for an answer to these questions, I should be very thankful to you if you will answer at once and mail your answer to George W. Boskowitz, M.D., 242 West 73d Street, New York City.

"Respectfully,

"JOHN F. COUCH."

We anxiously waited for a reply; our students being very uneasy, we were anxious to give them an answer to these very pertinent questions which were of vital importance to them as well as to us. We again, on Thursday morning, Nov. 7th, communicated with the department by telephone and the Commissioner's Secretary informed Mr.

Couch that she was not certain that the letter had been received, that possibly the distributing clerk had sent it to Mr. Downing's department. Mr. Couch stated the great necessity of immediate answer to such vital questions and then to avoid further delay read the questions over the 'phone and was promised a reply the next morning, and for the information of our students, alumni and friends we publish the following communications received the next morning:

"Albany, Nov. 8th, 1912.

"Mr. John F. Couch,
"Attorney, etc., 271 Broadway,
"New York City.

"Dear Sir:—

"Following my telephone conversation with you this morning, I investigated and found that the letter which you addressed to Commissioner Draper on Nov. 2d, making certain inquiries concerning the status of students in the Eclectic Medical College, in the event of said college not being registered by the Regents at their next meeting (December 12, 1912) had reached the Department on Nov. 4th, and, not being marked "personal," it had been sent by our mailing division to the office of Dr. Downing, the First Assistant Commissioner who has charge of matters pertaining to professional schools. Through some oversight, which I am wholly unable to explain, no reply had been made. Dr. Downing is absent and will not be at the office until about the middle of the month, but his assistant, who thoroughly understands the matter, will write you today very fully, and will send a copy of his letter to Dr. Boskowitz.

"Regretting the delay, I am,

"Very respectfully yours,

"(MRS.) H. H. GREENE,
"Secretary to the Commissioner."

"Nov. 8th, 1912.

"Mr. John F. Couch,
"271 Broadway, New York City.

"Dear Sir:—

"Your letter of Nov. 2d was received Nov. 4th. The next day being a holiday, prevented an earlier reply. To answer your question specifically: First, in the event of the non-registration of the school by the Regents in their December meeting, the students that successfully complete the current school year will fall into four groups for admission on advanced standing to registered medical schools.

"Group 1. Those that enter this Fall and successfully complete the first year. They will not be entitled to any time credit.

"Group 2. Those that entered last Fall and successfully complete two years' work. They will be entitled to one year of credit.

"Group 3. Those that entered two years ago and successfully complete three years' work. They will be entitled to two years of credit.

"Group 4. Those that entered three years ago and successfully complete four years' work. They will be entitled to three years of credit.

"Those that hold diplomas earned while the school was registered will possess the professional requirement for admission to the medical licensing examination.

"From the above it is apparent that if the Eclectic Medical School cannot be registered by the Regents at the December meeting, the students that desire professional credit the coming year should migrate to a registered medical school. If, however, the school can meet the requirements for registration and the Regents re-register it at their December meeting, all students attending the current school year and successfully completing it, can receive a year's professional credit.

"I am sending a copy of this communication to Dr. George W. Boskowitz.

"Very respectfully yours,

"AUGUSTUS S. DOWNING,

"First Assistant Commissioner of Education.

"Per. E."

As shown in the October editorial on the College, we have met every criticism and requirement so far as we have been able to ascertain them, and if we are deficient in any particular and can be informed in what particular we are desirous of remedying it, but we have given you here everything that we have been able to ascertain and again we await hopefully the report of the December meeting.

Hints and Winnowings.

Prominently among the things that we should firmly impress upon the minds of mothers, nurses and midwives, may be mentioned a knowledge of the cause and nature of ophthalmia neonatorum. The importance of giving the most careful attention to babies' eyes at birth, and for a few days after, should be urged, and the reason for such watchful care fully explained to them. We should see that they comprehend the fact that a lack of such care is often the cause of the destruction of sight, and that this dangerous disease is always due to an infection caused by the entrance of certain germs into the eyes of the baby at the time of birth, or shortly after. Furthermore, that this far-reaching disease can be almost surely prevented by the exercise of proper care at the time of birth of the child and during a few days of its life, but that if such proper precautions are not taken, and the disease develops

and runs its course unchecked, the sight of the child will be totally destroyed, often within ten or fifteen days. They should also be made to understand that it is now a recognized fact that one-fourth of all the children in the schools for the blind in this country are there because their eyes were not properly cared for and intelligently treated at the time of birth. Mothers of the foreign lower class, especially, should be made acquainted with the fact that in many cases, in order to protect the eyes of their offspring, it is necessary to begin with the mother before the birth of the child, by thoroughly disinfecting the birth-canal. Such mothers should also be made to comprehend the necessity for calling a physician as soon as either redness, swelling or inflammation of the eyes is discovered. Neither nurses nor midwives should treat such important cases.

Ophthalmia neonatorum to the victim may mean a life of dependence upon others for support, because the ability to earn a living will never be normal. A skilled laborer with 75% normal vision, or an unskilled worker with 50% normal vision suffers comparatively slight loss of earning capacity, but blindness in toto means inability to take part in the work of the world. In various countries ophthalmia neonatorum is classed among the communicable diseases which must be reported. Particular attention has been given to this phase of the reportability of the disease in connection with the work of midwives, although why equal importance has not been given to the relation of physicians to this disease is not quite understandable.

The Credé method of treatment has been found to be effective in preventing ophthalmia neonatorum, and there is no excuse for any obstetrical attendant failing to make use of the two per cent. silver nitrate solution. While this use of Credé's method is palliative to the extent of lessening the likelihood of ophthalmia neonatorum, the real cure goes back to the social conditions which are responsible for the existence of gonorrhea in a very large number of parents. Laying all stress upon the Credé method, and failing to recognize the causes which lead up to the disease, is partially responsible for the slow movement for the conservation of vision, the greatest progress of which may be made during the first days of life.

Ophthalmia neonatorum is a preventable disease. The responsibility for its prevention is medical and social. The medical profession should fulfill its part in eliminating blindness, without being subjected to humiliating legislation compelling physicians to perform their duty.

As a result of discussions of the hookworm disease at the International Congress on Hygiene and Demography, the United States

Public Health and Marine Hospital Health Association are to unite in an effort to stamp out the disease in the United States. The hookworm usually enters the system through abrasions on the feet, and shoes shut it out to a great extent. In view of this fact it was decided to urge the wearing of shoes by the field laborers, and one speaker said the disease is now being lessened by inducing plantation workers to provide shoes for their laborers as a matter of good business investment, if not for humane reasons. It was pointed out that "since the plantation owners have been awakened to the value of shoes for the laborers, particularly in the coffee fields," said Major Ashford, in speaking of his thirteen years' fight against the malady in Porto Rico, "they have found prosperity. They lose much less of their coffee crop than they did formerly through illness or supposed laziness of the laborers. What was thought to be laziness or general worthlessness developed to be the hookworm in a great percentage of cases. With the worm conquered the apparently lazy laborers awoke, went to work, and as a result better and bigger crops are being produced."

In an article on the so-called Council of Pharmacy and Chemistry of the American Medical Association, Dr. H. H. Rusby, professor of Materia Medica in the University and Bellevue Hospital Medical College, in part says:

"The Council on Pharmacy and Chemistry of the A.M.A. lay great stress on the presence of 'well-defined therapeutically active ingredients,' having reference to chemical compounds of a toxic nature, existing in a drug, or produced by destructive chemical analysis of it—as necessary proof of a drug's efficacy as a remedial agent. I have never seen any explanation for the stand taken, any more than I have seen reasons given by them why pilocarpine ($C_{11} H_{16} N_2 O_2$) should be directly antagonistic in action to jaborine ($C_{22} H_{32} N_4 O_4$), having the same elements in its composition, but in exactly twice the quantity. In other words, their laboratory analysis has not been of any value whatever, so far as determining the therapeutic uses of remedies; while clinically they are men of little or no experience. At the present time none of us is compelled to accept their reports in preference to the evidence of our senses, and the results of our own experience."

The Eclectic system of medicine is the formulated results of years of investigations, selections, observations and discoveries of thousands of learned and scientific physicians and surgeons, colated and combined into a great rational and scientific antagonism to the multitudinous diseased conditions to which the human body is subject. It is a system in harmony with the law regulated freedom and enlightened intelligence of our age, and the free institutions and thought of the American people. The beginners—the founders

—of this system of medicine were earnest and serious workers, endeavoring to accomplish something which they sincerely believed would prove of great benefit to suffering humanity. They also believed that an American practice of medicine should be based upon American materia medica, and they, therefore, collected all that had been written concerning indigenous plant remedies, and such knowledge as they could obtain from the experiences of the herbalists, of the Indians and of the early settlers. The repeated experiments of these earnest men soon defined the properties of a very large number of remedies which are now in common use by all schools of medicine. The honest work of these earnest men was continued by their followers, and in turn is now being continued. This work of improvement must go on and on, for in this age progress is an absolute necessity.

Now that reliable investigation has demonstrated beyond a peradventure that apparently healthy persons are sometimes carriers of the germs of typhoid fever, and therefore a constant source of danger, a considerable thought is being given to possible carriers of diphtheria. In an editorial on this subject, *American Medicine* in part says:

"The diphtheria carrier seems to be receiving attention the world over, now that we have about made up our minds that we generally if not always get this disease from a living person and rarely if ever from houses or 'fomites.' The bacillus dies very soon in light, or heat and when dried, and as we frequently remark sanitarians no longer try to kill dead things. The last plan is to sterilize the throat and nose by dry hot air, because of the ability of a mucous membrane to stand a higher temperature than the bacillus can. Apparent success is following this treatment in Lyons, France, by a Doctor Rendu, so we are told. If this is true, it may be another instance of success following wrong reasoning from true premises. Finsen thought he was curing lupus by killing the bacilli with light—as that is what he started out to do. Now we know the light is not strong enough to be deadly or it would kill the tissues too. It irritates both, and the inflammatory serous reaction finishes the bacilli with an overdose of a germicide. We find that this is the probable way hot water irrigations cure gonorrhea, though originally given for the germicidal effect. Local dry heat may act the same way in diphtheria and as we think it also does in various kinds of arthritis—particularly gonorrheal. No matter how it works, it is well worth a trial, to see if it really does work."

During the year 1911, in the State of New York, one hundred and sixty-two children were run over by trolley cars, one hundred and forty-two by wagons and carriages, eighty-four by automobiles,

fifty by bicycles, fifty-two by trains, and seventy-nine were trampled on by horses. Most of these always serious and frequently fatal accidents could have been prevented by proper parental care. One who has had experience in driving an automobile often wonders how parents can have so little regard for the safety of their children as to permit them to play in the public streets, as well as how he has avoided killing a considerable number of these neglected little ones.

The pregnant woman needs regular exercise. Walking outdoors and housework done with the windows open in suitable weather are the very best forms of exercise. She will be strong, the baby healthy and the birth will be easier. The housework referred to does not mean lifting heavy things or climbing on chairs or ladders. Such work is positively dangerous to the pregnant woman.

FYFE.

Dr. Edward Bond Foote.

Dr. Edward Bond Foote, who was conspicuous as a pioneer in medical practice and theories, died on Saturday, October 12th, at his home, No. 120 Lexington Avenue. He was associated with a number of charitable institutions in this city and Brooklyn, giving them substantial support.

He was also a member of the New York State and National Eclectic Medical Associations, and a frequent contributor to their transactions.

Born in this city, Dr. Foote was the son of Dr. Edward Bliss and Catherine C. Foote. Following his early education here he entered the College of Physicians and Surgeons, from which he was graduated. Immediately afterward he took up the practice of his profession in this city, continuing it up to the time of his death. His wife, Dr. Mary E. Bond Foote, survives.

Cow's milk for calves, mother's milk for babies. God pity the baby who cannot get mother's milk! Out of every 100 babies in the United States, 25 die each year. You wouldn't take a crowbar to adjust the delicate mechanism of a watch. Then why use drastic and dangerous drugs to adjust the delicate internal mechanism of a baby?—*Summary.*

Original Articles

Gelsemium Sempervirens.

BY ABR. J. BLAUSTEIN, M.D.

Yellow jessamine, wild woodbine, white poison vine, Carolina jessamine.

Family: Loganiacea.

Habitat: South America.

Description: It is a handsome climber, blooming early in spring. Its flowers being very fragrant.

Constituents: Alkaloids—Gelsemine and gelseminin; gelsemic acid, a resin and a volatile oil.

Gelsemium is a sedative, antispasmodic relaxant, nervine.

Its direct action is upon the central nervous system. The blood supply of the brain and the spinal cord is diminished by inhibiting the nerve control over the vessels. It inhibits excessive nerve action. Nerve irritation, whether direct or reflex, are controlled by the drug. It inhibits the nerve supply to the visceral organs and by this action produces relaxation of the sphincters.

It is the remedy for the sthenic conditions.

Physiological Action: Gelsemium when taken in full doses produces first a sense of excitability, extreme feeling of restlessness, the patient keeps moving, turning and twisting all the time. This is succeeded by intense headache, especially the right side, amblyopia, drooping of the eyelids, dilatation of the pupils and prostration. The sensory side of the spinal cord is paralysed first, then the motor. The muscles of the head are usually affected. The person is killed by paralyzing the center of respiration.

Antidotes: Strychnine, atropine, nitro-glycerine, cinchona.

The specific symptoms which call for its administration are those of acute determination of blood to the brain manifested by bright eyes, contracted pupils, flushed face, extreme restlessness, increased heat of the head and face, and with a sharp quick pulse easily compressible.

You can thus see that it is frequently called for in acute inflammatory affections of all kinds, and we do use it in fever of childhood, where nerve irritation is very seldom absent. To ward off an attack of convulsions when the child presents those involuntary twitchings of the muscles, gelsemium is given. In acute cerebral or cerebro-spinal meningitis it is indicated in the early stages; belladonna in the latter stages (when depression sets in).

In colds, coryza, influenza, it is very beneficial, when it is usually given in combination with asclepias, bryonia or macrotys.

Nervous headache is benefited by gelsemium, when it may be given in combination with cannabis indica.

Sleeplessness without pain is relieved by a few doses of gelsemium before going to bed.

In nervous excitation of women due to ovaritis, acute salpingites, acute peritonitis, puerpural fever, this agent gives excellent results.

In puerpural convulsions when given in accord with the specific symptomatology, in heroic doses no other agent will act better. When the symptoms point also to veratrum (full bounding pulse), then we give gelsemium in combination with veratrum.

In facial neuralgia, tic douloureux, brachial neuralgia, neuralgia of the ear without inflammatory changes, sciatica, gelsemium is indicated.

In chorea, not in the anemic form, gelsemium proves to be beneficial in combination with cimicifuga.

In spasmodic strictures of the urethra, tenesmus of the sphincter, intestinal, inflammation, early form of appendicitis, early stage of gonorrhea, whooping cough, laryngismus, stridulus, nervous cough are influenced by gelsemium.

Gelsemium is also given in acute excitable mania, in all inflammation of the female genital organs (in combination with aletris, viburnum); in concussions, semiparalysis and in all forms of convulsions.

There is no given dosage of gelsemium. It is usually prescribed: Gelsemium $\mathfrak{z}\text{i}$ to aqua $\mathfrak{z}\text{iv}$. Sg $\mathfrak{z}\text{i}$ every 15 minutes till eyelids droop and pupils dilate. Then the interval of its administration is lengthened and dose reduced.

New York City.

Intracranial Tumors.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

Read at the October meeting of the Eclectic Medical Society, City and County of New York.

Under the name "Intracranial Tumors" we place all new and different growths which occur within the cranial cavity. The term brain tumor can therefore be used in such a way as to embrace all new formations within the skull, as well as tumors originating in the base of the skull if they finally involve the brain itself.

Etiology: While it is easy for all of us to reason out the causes of infectious granilomata, such as for example tuberculoma, or syphiloma, the real causes of other tumors are not only not entirely clear, but are even somewhat difficult to understand. In some few cases we obtained a history of a blow or a fall upon the head, while heredity, with the exception of tubercular cases, seemed to play very little, if any, role, with history of brain tumors. Most

of cerebral tumors you will find in persons of middle life, or youth, and the males seem to be more affected than the females.

The tubercular tumor is quite often met with in childhood, the gumma occurring between 20 and 40 years, the sarcoma at about 30 years, while carcinoma develops after 40 years of age.

Mental anxiety, mental strain, mental overwork, depressing influences of all kinds, alcoholism, will in some few cases seem to favor the development of new growths in the brain.

Varieties: . Nearly all known varieties of tumor have been found in the brain. Some of these varieties are more common than the other, while some again are met with on rare occasions only.

These which are met with quite frequently are tuberculous tumors, sarcoma, glioma, gliosarcoma, cyst, carcinoma and gumma. The rarer ones are fibroma, angioma, myxoma, osteoma, lipoma, cholesteatoma, enchondroma. They occur both in children and in adults, and their diagnosis from other forms of tumor can not be made out during life of the individual. Tubercular tumor is common in childhood and is in most cases secondary to tuberculous diseases elsewhere. In size the tumors will vary from a small tubercle to a large circumscribed mass.

Sarcoma very seldom originates in the brain substance. It mostly begins in the connective tissue of the neighboring parts. The tumor is usually hard in substance, encapsulated, grows rapidly and most frequently found in the cortex and cerebellum.

Glioma is peculiar to the central nervous system and is seen more often in the brain than in the spinal cord. They are soft in constituency and often become cystic.

Gliosarcoma seems to be a combination of both sarcoma and glioma.

Carcinoma is very common in adults above the age of 50, and is often associated with primary causes of breast, lungs or pleura.

Gumma, hardly ever met with in childhood. They may be single or multiple and can be found in any part of the brain, mostly, however, they will occupy the cortex, cerebellum and pons.

Symptoms: While in a great many of the cases the symptoms of brain tumor are clear and peculiarly characteristic, that it is easy to make a diagnosis, there are quite a few instances where these characteristic symptoms are lacking and the diagnosis then becomes a somewhat more difficult problem. The symptoms can be divided into general and focal. The general symptoms occur entirely independently of the position of the tumor, while the focal symptoms depend upon disturbances and interference of the functions of the cerebral centres of the tracts which run to and from them.

General Symptoms: One of the earliest signs to make its appearance is headache. The headache is mostly localized and of a very violent character. It may be dull, heavy, continuous or intermittent. These headaches will last and to the end of the disease, and even when the patient has finally become comatose, this persistent pain in the head will bore and bore and produce evidence of its existence.

Second to headache, double optic neuritis (choked disk) is the most frequent characteristic symptom of an intracranial tumor. In different cases we of course find different degrees of changes in the optic discs. These changes will also vary at the different stages of the case. It appears first in the eye on the side of the growth and reaches a most intense degree in this same eye.

The result of choked disk is atrophy of the optic nerve. Vision as a rule is not impaired in the early stages of the existence of the neuritis. Sudden loss of vision is most commonly found in the histories of children's cases and not so very many—in fact few have been noted in adults. Optic neuritis is sure to be found in about 96 per cent of brain tumors—especially in tumors of the base and regions of basal ganglia, in cerebellum. In tumor of the cortex and centrum nobile, however, it is frequently absent.

The occurrence of choked disk is due to general increase of pressure in the cranial cavity and is characteristic of cerebral tumor.

General convulsions will result from intracranial tumors, no matter what their seat and positions, and about one-half of all cases have these convulsions at one time or another. They may come on as an early symptom previous to development of all other symptoms. Death has occurred in such convulsions, so that we look upon convulsions in tumors as a dangerous indication.

Changes of indisposition and mental power occur often in both adults and children. They become fretful, irritable, lose interest in things in general, and the mental dullness in adults is very noticeable. The patient does not seem to think as quickly as he did, is somewhat more or less stuporous, apathic, memory is impaired, some manifestation of hysteria may occur, or even dementia may appear as the case goes on.

Vomiting, a peculiar vomiting, which may or may not be associated with nausea, and will occur independently of partaking of any food. The patient will vomit and vomit, and its severity and time of occurrence are variable. It is of a peculiar projectile and paroxysmal character, and will run often a course with the headaches. Like the choked disk it is mostly found in tumors of the cerebellum (especially of the middle lobe, and the corpora quadrigemina. Attacks of vomiting occur mostly in the morning, and

can easily be ascribed to cerebral causes, as they occur independently of changes of gastric digestion. Vertigo may be a cause and symptom associated with or entirely independent of vomiting. The patient complains of a constant dizzy feeling; he complains that things around him are in constant motion, which prevent him from rising, and compels him to lie down as soon as he tries to stand up. This occurs in all tumors of all locations.

Insomnia is present in most of the ——— cases, especially those suffering from syphilitic growth.

Retardation of the pulse is a frequent symptom of some diagnostic value. The rate may be about 50 or 60 (in one case in care of the writer the pulse was 45) or even lower, however towards the close of life in brain-tumor cases, a quite rapid pulse has been observed on a few occasions. The cheerful stokes respiration is a terminal symptom. Amenontoca is an early accompaniment in women patients.

Focal symptoms: These depend entirely upon the location of the brain tumor; if situated in the so-called silent regions of the brain, they are absent. The focal symptoms also depend upon the size and rapidity of development, the rapidity of growth of the tumor. If the growth is slow and the extent of it rather small, the initial symptoms may be an exaltation of function, but if the **growth is rapid**, the deterioration of function may even amount to a paralysis. These symptoms will develop and advance in proportion with the development of the tumor.

The following focal symptoms can be noted. In tumors of cerebral hemisphere, the first focal symptoms are attacks of partial epilepsy. Monoplegia and even complete hemiplegia will gradually develop.

In frontal tumors, a striking peculiar gait is noted, and while **the occurrence of mental symptoms** in cases of frontal tumors have been greatly exaggerated in quite a large number of cases the mental symptoms are quite pronounced. The most striking features are a peculiar inattention and inability to keep the mind fixed on any subject at issue, and an incoherence in conversation.

Tumors at the base of the brain produce focal symptoms earlier than tumors in any other part of the brain. The most common symptom is paralysis of the oculo-motor and abducens, and is usually unilateral, but sometimes both sides may be affected. Hepriopopia will result if one of the optic tracts is involved and pressure upon one optic nerve may produce unilateral choked disk.

Tumors arising from the posterior forsa at the base of the brain cause pressure paralysis of the lower cranial nerves and some pronounced bulbar symptoms may follow.

Motor region: Cortical tumors cause tonic or clonic convul-

sions, and the starting point of the spasm indicates the situation of the growth, and such spasms may be followed by a temporary paralysis. A permanent paresthenia indicates a tumor behind the fissure of Rolando.

Tumors situated beneath the cortex of the motor region cause paralysis without spasms.

Parietal region: Tumors located in this part produce sensory changes associated with mind blindness, or asteriognosis depending upon the location of the growth. Word blindness is due to lesions of the left inferior parietal lobe. Occipital region tumors produce lateral hemianopsia.

Temporal lobe: Disturbances of smell and taste are met with, and growth involving the first and second temporal convolution of the left side cause word deafness.

Corpus callosum tumors will often produce symptoms very much similar to those produced by subcortical tumors, from which, by the way, it is almost impossible to distinguish them.

Corpus striatum tumors produce a sort of a paresis of the opposite side without convulsions and some disturbances in temperature.

Optic thalamus tumors produce a slow but progressive hemiplegia with hemianesthesia all on the same side with fits of a general nature. There may also be some normal stupidity, nystagmus and weakness of ocular movements.

Corpora Quadrigemina tumors produce oculomotor paralysis, if lower down motor and sensory paralysis of the arm and leg on opposite side with paralysis of the fifth nerve on same side as lesion. Tumors in the lower part of the pons involve the sixth, seventh and eighth nerves causing internal strabismus with contracted pupil, deafness and vertigo.

Cerebellum tumors produce a very distinctly marked choked disk, cerebellar ataxia, frequently manifested in the hands as athetosis. The knee jerks in these cases increase early and disappear later on as the cases progress, while in the same time, headache occipital or frontal and optic neuritis appear in the case.

When the middle lobe is alone affected, the cerebral or ataxia vertigo and the ever present tendency to fall backwards as well as the Romberg symptoms are all very distinct. The Babinski reflex is mostly absent in uncomplicated cerebellar disease.

A tumor of the lateral lobe causes a tendency to fall toward the side of the lesion, while the headache is persistent, severe and occipital on the lesion side. Twitching of the same side of the face may also be present. During attacks of vertigo patients with lateral lobe tumors will see objects moving from side of lesion to opposite side. Ataxia of the upper limbs here, can be shown by "the fingers to use" test and is greater on side of lesion. Base, anterior, fossa

tumors, bring forth some mental impairment, disturbances of smell and vision and exophthalmus, while base and middle fossa tumors produce disturbances of vision and hemoplegia.

Base, posterior fossa tumors produce trigemoral neuralgia, neuromyopathic ophthalmia, paralysis of face, tongue and disturbances of hearing.

Hypophysis tumors can produce symptoms of acromegaly, disturbances of vision, hemianopsia or primary optic atrophy.

Diagnosis: The diagnosis of an intracranial tumor can be made from the presence of such general symptoms as headache, vomiting and double optic neuritis, and when we are in a position to exclude at the same time the presence of such maladies as Bright's, brain abscess or lead poisoning. The differential diagnosis from brain abscess, which can produce similar symptoms to those found in brain tumor can be made as follows: Brain abscess will develop after head injury and the symptoms appear in a more rapid succession and there may be some fever, and fever is always absent in brain tumor, a history of a previous suppuration in the middle ear or some such other cause is often found in cases of brain abscess. From Tubercular meningitis (which under certain conditions can be mistaken for brain tumor) when meningitis is present, the headache is more severe and more diffuse. Meningitis is of rapid development, while brain tumor requires months and months. Examination of choroid obtained by lumbar puncture, will also help to clear up the diagnosis, tubercles upon the choroid are found frequently in meningitis and only very seldom in tubercular tumor, but here it is important to remember that in some cases it is common for tuberculous and syphilitic tumor to have more or less associated meningitis.

Inflammatory and thrombotic softening hardly ever cause optic neuritis, and are very rare before the middle age.

Sclerosis which is on certain occasions mistaken for brain tumor, produces no choked disk, the disease lasts a great deal longer, the entire aspect of the case is different, the intention tumor, disturbances of speech predominate in sclerosis, while all the pressure symptoms predominate in brain tumor.

As to nature of tumor, we can never give a positive answer; we may surmise only, if focal symptoms indicate a tumor in the substance of the brain, it may be a glioma, if at the base, it may be a sarcoma. In children, tubercle, glioma and sarcoma are frequent, in adults syphiloma and carcinoma.

Prognosis: The prognosis in all tumors of the brain is not very possible, syphilitic tumors are only partially amendable to medical treatment with drugs, while in all other tumors unless a tumor can be removed by surgical means the prognosis is fatal.

Here I must also say with some regret that all brain tumors that has been my fortune to see and that have been operated—have died either right after the operation or within the next few days after the operation.

The great majority of cases run the course in about two to three years and sudden death without any warning can occur at any time.

Treatment: In all cases (except the syphilitic ones) is purely symptomatic. For the headache specific guarana when the face is mostly pale, and the pain is circumscribed in the occiput, or specific Bryonia, if it is on the right side, or specific Rhus Tox in combination with gelsemium if it is on the left side. Vomiting, vertigo can be relieved by specific hyosciamus and specific oenanthe crocata. When convulsions are present, specific lobelia, veratrum and belladonna or aconite according to indications. Drugs must be modified in all cases in order to meet specific indications of each case.

Surgical treatment when the tumor can be localized and reached should be resorted to. Only those tumors of the brain which are situated near or upon the cortex of the brain are operable. all others are mostly inaccessible—and all we can do is to maintain patients' vitality, alleviate the sufferings and prolong life.

In most tumor cases, even in the very early stages, we find insomnia present, which if not overcome will seriously undermine the vitality of your case. I administer trional—to me, it is the best and safest, it is rapid in its action induces sleep, which is restful and refreshing, and produces no bad after effects. There are no contra indications and it may be used in cases with organic diseases of the heart. It is not a habit-forming drug.

If sleeplessness is associated with a certain amount of restlessness and a sense of a light tension in the head, I administer small doses of specific conium combined with 3 doses of specific Passiflora during the day (for 5 or 6 doses) and a single dose of Prional at night, the Passiflora allays the muscular twitching and spasms exhibited by some of the cases. The diet of the patient must be a nutritious one, bowels and bladder, and skin should receive proper attention in every case.

Cases are reported in which a thorough antisiphilitic treatment had beneficial effect on tumors of the brain even other than gummata and in syphilitic tumors the administration of iodide of Potassium with specific Barberis or Rumex is indicated. The iodide of Potassium should be given in large and ever increasing doses. I want to call attention to specific corydalis—in combination with Kali iodi, I had striking good results from it in these cases. The iodide can be continued for a long time without producing any

iodism, which must be guarded against. Should improvement take place within six weeks, the treatment must be kept on until symptoms have disappeared.

910 St. John's Place, Brooklyn.

Gangrene and Eclectic Wash.

BY A. M. LIEBSTIEN, M.D.

Mr. N. A., 68 years old, Hebrew, diabetic, sugar, 2.93%. During the month of February, 1912, he slightly injured the great toe of the right foot. According to his description, the slight injury was followed by the formation of a small blister on the inner surface of the great toe, which kept on becoming more and more painful and discolored.

Gangrene developed and the whole toe became black. It probably began as a fairly dry gangrene, but after a short time, after the treatment of some other physicians, it was converted into moist gangrene.

He has been treated for Diabetic gangrene by several reputable physicians for about three months, but the condition kept on growing worse. Their last advice was amputation.

When I started treatment on May 22, 1912, I found the toe cold, bluish, moist and putrefied; ulcerated mainly at its tip and also at its solar surface. At that time he did not complain of any more pain in the toe, but the adjacent solar surface was quite painful; odor was offensive.

I began the usual eclectic treatment with hot water and eclectic wash, half ounce to a quart of hot water for irrigation. I treated him twice daily, each treatment taking about one hour. The toe was dressed with gauze saturated with a 25% solution of eclectic wash, and I directed the patient to keep it continuously moist for about two weeks with a 20% solution.

Improvement was continuous from the first week. From time to time small sloughs were thrown off, and healthy granulations kept on forming gradually. At the same time I also treated him constitutionally, gave antiglycosuric remedies and regulated his diet until I was successful in reducing the sugar from 2.93% to 0.23%.

After seven weeks' treatment I discharged him cured from Diabetic Gangrene. He resumed his previous occupation, and his toe is in a perfectly normal condition since that time.

New York City.

Magnesium Sulphate Locally.

BY HARRY L. FIFIELD, M.D., SOUTHTON, CONN.

Read before the Connecticut Homeopathic Medical Society.

Some three years ago I was much interested in an article from the pen of Dr. Henry Tucker, of Philadelphia, genito-urinary surgeon to the Philadelphia General Hospital, on "The Use of Magnesium Sulphate in Orchitis." Being skeptical of so simple an application it was some months before I could decide to give it a trial; but finally having a severe case in which I found little benefit from ordinary topical applications I used magnesium, and to my amazement the case cleared up in three days. In fact, after twelve hours the patient was relieved of pain and the swelling was markedly reduced. Since that time my treatment has been magnesium, either hot or cold, as the idiosyncrasy of the patient demanded, and I have never found it necessary to resort to any other local application. I have used magnesium and Sac. lac. in several cases with excellent results.

In 1908 we were troubled with an epidemic of erysipelas, and failing in the use of ichthyol, iodine, etc., I tried magnesium with relief of pain and swelling and cure of the case within a few days. I have used magnesium in thirty cases of erysipelas with uniform results. I have failed to see a case in the last three years in which I was unable to reduce the temperature in twenty-four hours, and relief of pain in a shorter time. In some cases there has been no pain after six hours; in the most stubborn case pain persisted for thirty-six hours. I remember one case in which I was called with another physician in the wee small hours of the morning to see a case that had been running a temperature of 104° for three days; the patient was delirious and tossing about the bed; he was suffering from retention of urine, the pulse was weak and thready, and from the use of iodine and ichthyol, which had been used thoroughly, I was doubtful whether the man was white or black. The lesion had started at the angle of the right nostril and spread over the face. I prescribed Apis 6x, and had the nurse apply magnesium cold every twenty minutes. I saw the patient nine hours later; the temperature was 102.3° , the swelling seemed less, the patient was better, the pulse stronger and the delirium had nearly subsided. The patient voided urine in two hours. I saw him again twenty-four hours later; the temperature was 100.4° , the patient was normal mentally, and the swelling was practically gone. I have had quite a few cases whereby applying magnesium early the case has cleared up nicely in two or three days from the first appearance of the lesion. One of the most troublesome cases that I have seen was an erysipelas of the conjunctiva which failed to respond readily but cleared up in five days after applying magnesium ice cold. I have used magnesium in nearly every form of septic condition with cure in every case.

In mastitis with severe pain, high temperature and much swelling,

magnesium works excellently as a wet dressing. I find that my patients who are foreigners acquire this condition often, and, if I am able, I try to clear up the condition without the formation of pus. I instruct the person who is to make the applications that she must renew them frequently, applying them hot and as often as every ten minutes if necessary. I have used magnesium for the last year in cases of gonorrhœa with success and comfort to the patient. If I get the case early I start them off with magnesium as an injection, using equal parts with sterile water.

In inflammatory conditions of the female genitalia magnesium is of great benefit. Where there is a discharge, or a relaxed condition of the vagina, I order douches once daily with equal parts sterile water. Where an old leucorrhœa persists, douches give early and lasting relief.

Two other conditions that respond readily to this drug are boils and carbuncles. If I see them early I apply the drug cold, and am able in about half the cases to abort the condition. If, however, they come to me late I put the patient in bed and begin hot applications at once, and in three to five days the thing is ripe.

It is surprising that in nearly every case in from two to five hours after the first application the distressing sensation that accompanies the swelling is relieved. In several cases I have seen the patient two hours after an application of magnesium settle down and fall into a peaceful sleep after tossing about the bed for hours before.

It has been my experience with magnesium that the more pronounced the lesion the more rapid and better the result.

I have for the last year prepared my own solution, for I find that when the people know what they are using they are inclined to become skeptical and thus dissatisfied, when if you prepare the solution yourself they use it without question because they got from the doctor.

In preparing the solution I take two pounds of common epsom salts to the gallon of hot water, and let the mixture cool; when cool filter through cotton and the solution is ready for use. I usually make five gallons at a time and keep it in quart bottles labeled antiseptic solution. This preparation will be found to obtain better results than bichloride with much less irritation.

In applying magnesium I instruct the nurse to take twelve to fifteen thicknesses of gauze that will cover the area involved, and, if the face is the part affected, holes are cut for the eyes and nose; the gauze is then saturated and applied; a covering of oil silk or waxed paper may be used to retain the moisture. This dressing should not be removed oftener than every twelve hours, when the parts are bathed with sterile water to take away the crystals which form on the skin.

I have been asked many times by physicians to whom I have mentioned this form of treatment, "How do you account for this action?" That question I am unable to answer. I leave the explanation and

keep on using the drug. This drug when introduced into the alimentary canal produces its therapeutic effect by abstracting water from the tissues, and it seems probable that this is the effect on the skin. Some of the patients that I have treated with this drug have before its use been constipated, but after using the drug for two or three days have complained of a looseness of the bowels.

I have tried magnesium in one case of acute rheumatism but with little success, for although it relieves the swelling it does not help the pain.

I have not had the facilities for taking a blood count in the cases that I have seen, but in the future I shall study the effect of magnesium on the blood, especially in erysipelas.

There are four cardinal reasons for the use of this drug in the several inflammatory conditions that I have mentioned.

First.—Magnesium sulphate is cheap and easily procured.

Second.—It is not a poison nor are there any poisonous effects.

Third.—There is rapid decrease in temperature with relief from the distressing local symptoms.

Fourth.—With the homœopathic remedy carefully selected it spells success in septic conditions.

Lastly, let me say that if you will give magnesium a fair trial in your cases of orchitis, erysipelas and septic conditions generally, you will discard Iodine and Ichthyol with the sticky, filthy condition they produce for the patient, and bichloride will remain only as a memory.

THE CHIRONIAN.

Items from the Field of Neurology.

BY THEODORE DAVIS ADLERMAN, A.B., M.D.

The following extract from the Institution Quarterly is not only worth reading, but it is worth while spending some time over it—and studying it. The man was insane, perhaps, but if so, we cannot help but wish that such great beautiful (“insane?”) thoughts should afflict all of us. Read item N1 and you will agree with me that many fathers (and mothers, too) would do well to memorize these words. Read item N2. What can be more sublime, more grand, than this bequest to children? If you read items 3, 4, 5 and 6, you cannot help but say: “If this was written by an insane man—me for such insanity—and God rest his poor soul—whatever he might have been, whatever he might have done—he had a golden heart—a heart full of love for his fellow being. Now read this with attention:

A penniless lawyer of Chicago, hopelessly insane, who was an inmate of the hospital at Denning, died a few years since, leaving nothing but the following prose poem, in the form of a will. It will outlive many a learned treatise destitute of imagination, fancy or sentiment;

and even many a bit of verse illuminated by the glow of true poetic feeling. Incidentally it illustrates the kinship which often subsists between talent and mental observation, and may serve to correct certain current misconceptions with reference to the nature of insanity.

I, Charles Lounsberry, being of sound and disposing mind and memory, do hereby make and publish this, my last will and testament, in order, as justly as may be, to distribute my interest in the world among succeeding men.

That part of my interest, which I know in law and recognized in the sheep bound volumes as my property, being inconsiderable and of none account, I make no disposition of in this will. My right to live, being but life estate, is not at my disposal, but these things excepted, all else in the world I now proceed to devise and bequeath.

(1) Item: I give to good fathers and mothers in trust for their children, all good little words of praise and encouragement, and all quaint pet names and endearments, and I charge said parents to use them justly, but generously, as the needs of their children shall require.

(2) Item: I leave to children exclusively, but only for the terms of their childhood, all and every, the flowers of the fields, and the blossoms of the woods, with the right to play among them freely according to the customs of children, warning them at the same time against the thistles and thorns. And I devise to children the banks of the brooks and the golden sands beneath the waters thereof, and the odors of the willows that dip therein and the white clouds that float high over the giant trees. And I leave to children the long, long days to be merry in, in a thousand ways, and the night, and the moon, and the train of the milky way to wonder at, but subject, nevertheless, to the rights hereinafter given to lovers.

(3) Item: I devise to boys jointly, all the useful, idle fields and commons, where ball may be played; all pleasant waters, where one may swim; all snowclad hills, where one may coast, and all streams and ponds, where one may fish or where, when grim winter comes, one may skate, to have and to hold these same for the period of their boyhood. And all meadows, with the clover blossoms and butterflies thereof; the woods with their appurtenances, the squirrels and birds and echoes and strange noises, and all distant places which may be visited, together with the adventures there found. And I give to said boys each his own place at the fireside at night, with all the pictures that may be seen in the burning wood, to enjoy without let or hindrance, and without any incumbrance of care.

(4) Item: To lovers, I devise their imaginary world with whatever they may need, as the stars of the sky, the red roses by the wall, the bloom of the hawthorne, the sweet strains of music, and aught else they may desire to figure to each other the lastingness and beauty of their love.

(5) Item: To young men, jointly, I devise and bequeath all boisterous, inspiring sports of rivalry, and I give to them the disdain of weakness and undaunted confidence in their own strength. Though they are rude, I leave to them the power to make lasting friendships, and of possessing companions, and to them exclusively, I give all merry songs and brave choruses to sing with lusty voices.

(6) Item: And to those who are no longer children, or youths, or lovers, I leave memory, and I bequeath to them the volumes of the poems of Burns and Shakespeare and of other poets, if there be others, to the end that they may live the old days over again, freely and fully without title or diminution.

(7) Item: To our loved ones with snowy crowns, I bequeath the happiness of old age, the love and gratitude of their children until they fall asleep.

This man died, poor, penniless, but now, to think it over, was he really poor? A man with such kind thoughts, who could live such a beautiful, ideal (mental) world—he was more than rich; he possessed wealth that not many of us can boast of.

Individual heredity, heredity of the soul is stronger than any environment or parental heredity. Whatever characteristics may come out in one generation—you can easily trace back to another.

A man's broken (?) heart is his strongest asset, a woman's her gravest suspicion.

The epileptic insanity, in the restless excitement of the epileptic lunatic both before and after a fit, a turkish bath is very useful, it seems to soothe, and relieve irritability and lessens the next attack. It also does wonders in puerperal insanity; it helps elimination of morbid materials in the blood.

Nervous dysmenontea is often mistaken for hysterical. It is characterized by the intensity of the nervous symptoms which dominate the scene. They are diverse neuralgias located in the lumbo abdominal region in the intercostal spaces, the face and the thighs.

Delisle in the Medical Gazette reported to the Societe de Pediatre de Paris a case of typical cerebrospinal meningitis which has been cited by lumbar puncture and warm baths. The cephalontchachidian fluid was found to be cloudy, and it contained numerous polynuclear leuco-

cydes. The patient was $4\frac{1}{2}$ months of age. During the first ten days, lumbar puncture was performed and 10 c. c. of fluid withdrawn daily, but without any improvement. For eight days longer the punctures were continued, but increasing the amount withdrawn to 25 c. c. This brought about a rapid diminution of the mental torpor, and the quantity was again reduced to 10 c. c. In addition warm baths were ordered to be given every three hours. A cure was obtained in this case in a month. The total quantity of cephalorrhachidian fluid extracted amounted to 400 c. c.

According to Lombroso a criminal rarely feels a true passion for woman. Their (criminal's) love, Lombroso claims, is carnal and savage, that of the brothel; in fact, it is almost exclusively limited to the brothel; it is characterized by its precocity, and by an inconstancy which causes it to pass rapidly from love to the most intense hatred. As a rule this carnal affection is soon extinguished in thieves, and is found to last in exaggerated proportions only in swindlers, prisoners and some assassins.

When such a statement is made by a man of Lombroso's standing, we usually accept it. Still, it seems to us that this is not entirely a correct view, and even Lombroso could be mistaken. I often wondered what Lombroso meant when he said: "criminal." Did he mean the habitual criminal, did he mean the criminal of circumstances and environments? Or did he mean any criminal, no matter what his past history? If so, then Lombroso is certainly wrong!

A great many crimes are caused by poverty, a few by laziness, a few by alcoholism, heredity plays a part in a few others, and special physical tendencies control many more. To classify all of them under one head is a mistake, no matter what Lombroso may have said or thought about the matter.

Pneumococcus and streptococcus meningitis are absolutely fatal, and any form of treatment which offers even the slightest hope of a cure is justified. Serum therapy, vaccine therapy, any other therapy—try them all (even if it comes from so great (?) a man as Simon Flexner). Try all theories, no matter how foolish, as you have nothing to lose and everything to gain.

In the treatment of neurasthenia, the static faradic, galvanic, sinusoidal and high frequency currents are all of great value, providing you know which one is indicated. In cases of neurasthenia with a low arterial tension, static electricity is called for on account of its physiological action in raising blood pressure. If arterio sclerosis is present

or in high tension cases, use the auto condensation method of the high frequency, as it lowers blood pressure. The static bath is very effective in neurasthenia. Neurasthenic headaches call for the head breeze, and if constipation is present, apply the static spark to the left iliac forsa.

When mercury is given in excessive doses, it will often produce tremors, suggestive of paralysis agitans. In a few cases of adults choreic movements were produced, and in these cases a brownish discoloration of the skin was present, which resembled that of Addison's disease.

I have been asked to state what drugs increase blood pressure? We can do this by cardiac stimulants, such as alcohol, ammonia, caffeine, camphor, and the digitalis group.

We can also use vasomotor stimulants, such as strychnine, atropine, ergot and adrenaline.

To lower blood pressure, three classes of drugs can be given. From those which act by slowing the pulse, such as the aconite group, those which lessen the contractile power of the heart, such as antimony and those which dilate the blood vessels, such as the nitrites. Cathartics must not be forgotten, as extreme depletion will also lower blood pressure.

Arsenic is a great remedy in neuralgia. The majority of neuralgic cases are improved and many cured by the use of arsenic. I found it of special service in facial and intercostal neuralgias. The relief was prompt and lasted. You will often hear reports of failures with the arsenic treatment. The fault is not with remedy; the fault is with the physicians. Arsenic must be pushed in each case to its full physiological effect; large doses are often necessary to produce a cure.

Conium maculatum, what a wonderful remedy this is. It can be used in so many cases and with such good results. I love this drug. If you want a remedy to relax the whole muscular system, conium maculatum will do it surely and quickly. A mental calmness can be brought about with the administration of conium, that can not be accomplished by any other medicament.

910 St. Johns Place, Brooklyn.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

Aspidosperma Quebracho.

Aspidosperma constitutes an expectorant of frequent usefulness, as well as an antispasmodic of marked potency. It is exceedingly valuable as a means of relieving the cyanosis and sense of suffocation due to embarrassed respiration. It is, therefore, often a much needed remedial agent in capillary bronchitis, emphysema, phthisis and chronic pneumonic processes. Its action is so speedy that one or two doses of thirty drops each of the fluid extract usually affords marked relief. Very large doses are liable to cause nausea and slight salivation. In an interesting editorial on aspidospermin, one of the several alkaloids obtained from aspidosperma quebracho, published in the *Medical Review of Reviews*, and written by Dr. Salomon Solis Cohen, the writer in part says:

"From twenty years' use—or more—I can affirm that it is a sovereign palliative (not curative) for the symptom *dyspnea*, when this is not dependent upon mechanical or toxic causes; and it is sometimes a valuable aid in the partial relief even of these latter forms of distress in breathing. Its great field, however, is *asthma*—in every one of the 57 varieties—and while occasionally one meets a case it will not help, such cases are rare. The drug is not official, but ought to be. It has been comparatively little investigated, but such investigations as there are, have been made by big men. The most recent laboratory study that I am familiar with, that of H. C. Wood, Jr., dating some five years back, confirms all that has been affirmed clinically. Wood, who was led to his studies by clinical results observed in my hospital practice, found that *aspidosperma quebracho* contains several alkaloids, possessing similar, and nearly equal powers as pure respiratory stimulants. The principal ones are aspidospermin and quebrachin. Commercially one may obtain aspidospermin in many more or less pure or impure forms; and some disappointments in its use may doubtless be ascribed to inferiority in the preparation. So-called "amorphous aspidospermin" is comparatively inexpensive; but it is an uncertain mixture of uncertain residues left after the crystallization of the less impure alkaloid or its salts. The most expensive preparation—crystalline aspidospermin hydrochlorid—is, after all, the cheapest, for it is the most dependable. Whether quebrachin in pure form would be equally potent and trustworthy cannot be said, as it is not easy to obtain for

clinical work. The Pharmacopeia should presently prescribe a standard for the pure alkaloid aspidospermin and its salts—after which the other principles of quebracho may be studied to determine the question of relative superiority or availability. The dose in asthma is from 1-10 to 1-2 grain (0.005 to 0.03 gm.) every hour or two; then less frequently as relief is manifested. An “average dose”—if there be such a thing, is 1-8 grain hourly. Physicians unfamiliar with the drug should prescribe small doses and proceed cautiously. Should there be no relief in 48 hours, the patient will not be benefited by longer trial. Aspidospermin is not “curative”—either of the paroxysm or of the underlying “diathesis” or pathological condition (e.g. vasomotor ataxia or chronic bronchitis), which must, in addition, receive treatment *secundum artem*; but as a palliative, tending to prevent recurrence of “spells” in the night, as well as to relieve constant distress, it is a most valuable adjunct to any basic plan of management.”

The following indications for aspidosperma have been found worthy of confidence: Spasmodic asthma; dyspnea associated with heart diseases; paroxysms of dyspnea with wheezing sounds; asthmatic attacks and cyanosis in phthisis; attacks of dyspnea due to dropsical accumulations in the abdominal cavity; difficult respiration in bronchial catarrh and emphysema; diarrhea of consumptives

Dose.—Fluid extract, 15 to 60 drops; aspidospermin, 1-500 of a grain to 1-2 of a grain triturated with sugar of milk.

Typhoid Fever and Four of the Remedies Used in Its Treatment.

The diagnosis of typhoid fever is usually not difficult, although in rare cases it may be uncertain for several days. The history of the forming stage: one, two or three weeks of listlessness, languor, headache, loss of appetite, general depression progressively increasing until the patient takes to his bed, are the most characteristic symptoms of this fever, and the regular step-ladder rise of temperature, with daily remissions, the peculiar dullness of intellect, the marked prostration and feeble pulse, are sufficient to render a most probable diagnosis. If to this we add tenderness and gurgling in the right ileac region, enlargement of the spleen, diarrhea, the presence of the rash and the cerebral disturbance, the diagnosis is complete.—*Thomas' Practice of Medicine*.

BAPTISIA.

Baptisia is indicated in low fevers with dark or purplish mucous membranes of the mouth, * * * with dark coating on the tongue, face dusky and suffused and circulation feeble. It is an important remedy in the treatment of typhoid conditions.—*Ellingwood's Materia Medica*. Baptisia is extensively employed in typhoid fever and in all low states of the system in which there is a tendency to a typhoid or septic condition. * * * In small doses it is one of our most reliable

remedial agents.—*Fyfe's Specific Diagnosis and Medication*. Baptisia is a good remedy in typhoid fever, having a great controlling influence over the poison of the disease.—*Locke and Felter's Materia Medica*. Baptisia is indicated in typhoid fever by dark or purplish mucous membranes, tongue reddened, breath sickening and offensive; face dusky and suffused; discharges from the bowels present the appearance of meat washings; dull headache and oppressed pulse.—*Mundy's Diseases of Children*. When the face is dusky and presents a frozen appearance, the tongue dusky and the stools frequent, baptisia may take the place of echinacea, or, what would be better, combine them.—*Thomas' Practice of Medicine*.

BRYONIA.

In typhoid fever with severe enteric symptoms bryonia is often of great service in restraining the retrograde process and controlling extensive temperature.—*Ellingwood's Materia Medica*. In typhoid fever, with accompanying high temperature, bryonia affords a kindly means of regulating the temperature.—*Fyfe's Materia Medica*. Should the chest become affected at all in typhoid fever give bryonia.—*Locke and Felter's Materia Medica*. Bryonia is called for by the short, catchy respiration. The pulse is hard and vibratile, the right cheek flushed, frontal headache and pain aggravated by motion. The remedy will nearly always be indicated in typhoid fever when there are lung complications.—*Mundy's Diseases of Children*. When there is bronchial irritation, with harassing cough, with sharp chest pains, and where the pleura is involved, bryonia is especially valuable. With these conditions the pulse is usually vibratile.—*Thomas' Practice of Medicine*.

ECHINACEA.

Echinacea is certainly a valuable acquisition to typhoid therapeutics. In many cases taken early the fever has been limited to fourteen days without delirium.—*Ellingwood's Materia Medica*. Echinacea is a remedy of great value in typhoid fever and in all diseases in which there is absorption of septic material.—*Fyfe's Specific Diagnosis and Medication*. Echinacea is a remedy of value in typhoid fever.—*Locke and Felter's Materia Medica*. The action of echinacea seems certain as an intestinal antiseptic. It is indicated by darkened mucous membranes, profuse and bad smelling discharges, and feeble vitality.—*Mundy's Diseases of Children*. When the tongue is broad, full, slightly coated, and with a dusky tinge, face and tissues full, in typhoid fever, give echinacea.—*Thomas' Practice of Medicine*.

RHUS TOXICODENDRON.

Rhus is useful in typhoid fever, and in typhoid conditions complicating inflammations. * * * It soothes the cerebral irritation of typhoid fever, inducing rest and controlling delirium.—*Ellingwood's*

Materia Medica. In typhoid fever, especially when the tongue is dry, elongated and irritable, and there is a tendency to delirium, rhus is a most useful remedial agent.—*Fyfe's Specific Diagnosis and Medication.* Rhus is indicated by a frequent, small, sharp pulse, red mucous membranes, sordes on the teeth, tympanitic abdomen and acrid discharges from the bowels and bladder. Thus it is a very good remedy in some cases of typhoid fever.—*Locke and Felter's Materia Medica.* When there is a tympanitic abdomen and acrid discharges from the bowels, rhus will exert a good influence, not only upon the temperature, but upon the nervous system as well.—*Mundy's Diseases of Children.* Rhus is a remedy to relieve irritation, either of the nerve centers or an irritable stomach, which are often present in typhoid fever.—*Thomas' Practice of Medicine.*

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Dallas, Texas, in June, 1913. F. L. Wilmeth, M. D., president; W. P. Best, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1913. G. J. Olsson, M. D., president; G. R. Thompson, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. H. Harris, M. D., president; M. B. MacDermott, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. John Birkenhauer, M. D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M. D., president; A. B. Wolf, M. D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M. D., secretary.

The Texas Eclectic Medical Association.

Arkansas Pass, Texas, Oct. 29, 1912.

To the Eclectic Physicians of Texas:

As you well know, the National meets at Dallas, Texas, the day following our next convention June 19-20, 1913.

Texas Eclectics should recognize the meeting of this great body of Eclectic Physicians, from all parts of the United States, as an honor not often given any state, situated so far from the center of railroad travel. "THERE IS A REASON."

While the many sterling qualities of Texas and Texans are recognized all over the Union, that alone would not attract such a convention of our National Eclectic Physicians.

The National Association does not seek a meeting place for pleasure and recreation, but it convenes, generally wherever the leaders think the cause can be stimulated, or in recognition of loyalty by the Eclectics of said state.

In this instance, both conditions, we think, have been recognized. A few years back, when the National adopted the new organization plan, Texas has the honor to be the first state to respond, and to our credit may it be said, with a list of members larger than any other state, outside the Eclectic College Centers.

This honor we wish to maintain, and, if possible, even surpass Ohio, New York and Illinois.

We want every Eclectic in Texas, and especially every member, to be at the Dallas convention, and we want every member to help us make this the meeting of meetings.

Their coming to our state should be the means of doubling our membership, therefore this appeal. Do not wait for any other solicitation, but if you know any eclectic not a member, impress upon him the importance of unity and organization. Speak or write to him to-day.

Now, Doctor, do not put this off or leave it for someone else to do. Maybe you have often wondered what you could do for the cause. Do this and you will receive your reward next June.

To the non-member or back-slider let us kindly but in all firmness ask the question: If all Eclectics were like you, what would your diploma amount to?

You know the value of organization, and if you do not know the benefits to be derived from attending these annual conventions, resolve to attend next June.

Many a physician has received ten-fold more than he put into it, and if you can not, may we not beg that you be broad and liberal enough to come any way and give to others some of the blessings God has bestowed on you. Be a true Texan. Be a true Eclectic; do it now. Write to the Secretary for an application or reinstatement blank. You will feel better and so will we.

Fraternally,

Board of Directors.	{	M. A. COOPER, President.
		R. B. GATES, Treasurer.
		H. H. BLANKMEYER, Secretary.

Eclectic Medical Society, City and County of New York.

October 17, 1912.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held in the College Auditorium, Thursday evening, October 17, 1912. President Harris in the chair.

A large number of members answered to the roll. Two candidates (Drs. Edgar B. Prout and Clifford C. Crispell) were proposed for membership.

The essayist for the evening, Dr. Theodore D. Adlerman, read a paper entitled "Intra-Cranial Tumors."

The essay will appear in full in the *Eclectic Review*. Matters appertaining to the College were discussed at length by President Boskowitz and Dean Hardy, after which the Society adjourned.

M. B. MACDERMOTT, Secretary.

Items

Died—Suddenly on November 11, at his late residence, 216 East 17th Street, George W. Schaefer, M. D.

Students, faculty and trustees desire to express to Dean Palmer their appreciation of the courteous manner in which she has treated the college and students at this most trying time.

Be sure and attend the meeting of the Specific Medication Club as there will be an interesting discussion of a most important drug.

We shall all miss "Diamond George's" hearty handshake.

In spite of our own anxiety our greatest concern is for the welfare of our students whose loyalty, patience and goodwill is thoroughly appreciated.

If we only knew what was wanted or in what particular we were lax no sacrifice would be too great for us to at once try to remedy it.

We await with bated breath the result of the December 12th meeting.

We were delighted to see papa and to hear from him the exact situation.

Was there an election?

President Wilmeth is expected in town this week. The boys will give him a hearty welcome.

Dallas seems a good way off. Hope it will look nearer in June.

Dr. Grover Cleveland Glenn has taken unto himself a wife and located at Salamanca, N. Y.

Dr. J. J. Saffier was married Oct. 20. He is now located at Bridgeport, Conn.

Professor John Uri Lloyd of Cincinnati was a member of Gov. Harmon's staff on his recent tour to the Pacific Coast to choose a site for an Ohio building at the Panama-Pacific Exposition at San Francisco in 1915. The professor has been appointed one of the commissioners to represent Ohio at this exposition.

In removing a foreign body from a joint none but an uncontaminated gloved finger should be permitted in the wound, and that no more than is necessary.—American Journal of Surgery.

A fine location for young, active eclectic practitioner in Schoharie County. For particulars address ECLECTIC REVIEW.

EXTENDING TO OTHER COUNTRIES.

It is claimed that more "Storm Binders" are being sent out to every state in the Union, also to Canada, and even Mexico, than of any other make. This does not excite the least surprise on our part, for from an extended experience with them we have come to regard them as well nigh perfect. We have yet to see a patient to whom we have applied one that has not expressed the utmost satisfaction, even gratitude.—(Editor of Mass. Medical Journal, Aug., 1912.)

The County Society in October was particularly well attended.

New York Skin and Cancer Hospital, Second Ave. cor. 19th St.—The Governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a fourteenth series of Clinical Lectures on Diseases of the Skin in the Out-Patient Hall of the hospital, on Wednesday afternoons, from October 30th to December 18th, 1912, at 4.15 o'clock. The course will be free to the medical profession, on the presentation of their professional cards.

CHARLES C. MARSHALL, Chairman of Executive Committee.

The loyalty of our classes under most trying circumstances is much appreciated by trustees and faculty.

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DISEASES OF CHILDREN.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. XV. NEW YORK, DECEMBER 15, 1912.

No. 12.

Our College.

On December 12th, Dean Hardy, President Boskowitz, Doctors Sillo and King, together with the College counsel, attended the meeting of the Board of Regents at Albany; for a special hearing was to be held in the matter of the registration of the Eclectic Medical College of the City of New York. Shortly after twelve o'clock we were ushered into the presence of the Board, and having been asked by them to be brief, we simply presented for their consideration a minute from the record book of the Sydenham Hospital stating that our students were accorded the privileges of bedside study and clinical instruction; we also presented a letter from Dean Copeland, of the Flower Hospital, extending to our students the same privileges at their Institution. We then filed with them a guarantee signed by twenty-one members of the Alumni Association, agreeing to contribute annually their pro-rata share toward the salary of the paid instructors for ten years; for our counsel in studying over the case decided that these were the two important points. We could simply surmise this, for we had never been informed as to the reason for refusing the registration; we had simply received the report of the first inspection, and after receiving this we immediately proceeded as stated before to meet the criticisms and remove them in every possible way. We could not, of course, remove the building from the noisy street nor enlarge it, but we re-arranged the class rooms and made such physical changes and additions, so that at the second inspection, which we requested, we felt morally certain that we had met the criticisms of the first report in so far as it was possible in our present building.

We called the attention of the Board to the formation of The Eclectic Medical College Research and Equipment Fund Society; stated that they had bought a full line of the apparatus called for; had paid the bills, and were prepared to pay the salaries of the instructors for this year. Following this statement by our counsel and the presentation of these papers we were asked at what we valued our building, the amount of mortgage that we carried, etc.

Our attention was also called to the ruling requiring \$50,000 resources, etc.

After this the Board adjourned for luncheon and we were politely ushered out of the room.

The hearing had lasted just about twenty minutes. I am writing this Saturday afternoon, December 14th, and up to this date have received no official notification as to the result, but unofficially have had word that *our application for registration was not granted*. The official communication will be printed in our next issue and at that time we hope to be able to tell to our readers and the friends of the College just what course we will pursue.

Until we receive the official communication we prefer to simply state to you the facts.

Hints and Winnowings.

The difficulty of differentiating unusual forms of scarlet fever is one often encountered by the general practitioner of medicine, and in some cases a diagnosis free from doubt has not been easily made. The substance of a valuable article by Dr. J. D. M. Miller, recently published in *Archives of Pediatrics*, cannot, therefore, fail to prove of more than ordinary interest to the family physician. In part Dr. Miller says:

“Not one of the individual symptoms of scarlet fever can be depended upon to establish the diagnosis. The disease may occur without rash, desquamation, fever or strawberry tongue. The whole clinical picture must be carefully considered and the individual symptoms critically studied. The most constant symptom is the angina; and its presence, associated with a scarlatinal eruption, however slight, however evanescent and however limited in its distribution, should be regarded as sufficient to establish the diagnosis—or, at least, to demand isolation and close observation. Next to the throat the condition of the tongue is the most reliable symptom, some enlargement of the papillæ of the tip and border being usually observable, although this symptom is much more frequently missing than is the angina, and may occur in other conditions.

“Of all the exanthemata, scarlet fever is the most varied and uncertain in its symptoms; and of all the symptoms, the rash presents greatest vagaries. Hence, no rash, especially in a child, is too trivial to be disregarded, whatever the general symptoms may be. Scarlet fever with well-marked rash may occur without desquamation. Rubella scarlatinosa is often diagnosed when scarlet fever presents itself as a pronounced erythema with mild constitutional symptoms. This error is a fruitful source of dissemination of the more serious affection. The diagnosis of rubella should be accepted only upon the strongest evidence. The history of a previous attack of scarlet fever should not prevent us from treating with suspicion apparently anomalous cases of the disease. Differential blood-counts have produced nothing of value in the diagnosis of scarlet fever. Surgical scarlet fever and scarlet

fever following burns are scarlet fever in the wounded, and should be treated and regarded as ordinary cases of the disease. Scarlet fever without eruption, and other anomalous forms of scarlet fever, are a fruitful source of dissemination of the disease.

"Finally, all doubtful erythemata, and all cases in any way resembling scarlet fever, should be quarantined until the diagnosis is reasonably established."

The extensive and successful use of quinine and urea hydrochloride has well demonstrated the fact that in this preparation we have a local anesthetic or wonderful activity. The journal reports are almost exclusively of a satisfactory character, and well illustrate its superiority over drugs heretofore employed as a means of producing local anesthesia. Dr. Seeber, of Los Angeles, California, finds frequent occasion for the use of quinine and urea hydrochloride, and reports twelve of his recent cases. In the complete removal of the breast he used but a small quantity of the drug. The patient talked cheerfully during the operation. In three weeks there was complete healing, with no unpleasant incidents during the process. Dr. Seeber also used this anesthetic in tonsilotomy, the repair of recto-vaginal fistulæ, the removal of enlarged cervical glands and in various minor operations. The freedom from pain was complete. The doctor says that at least half an hour to an hour should elapse after the administration of the remedy, before beginning an operation. Another writer says that "this anesthetic is entirely devoid of constitutional disturbance, and the prolongation of the anesthesia is very gratifying, especially in rectal operations and in the incision of buboes." A writer in the *Cincinnati Lancet-Clinic* gives his experience with quinine and urea hydrochloride in enorectal surgery, and in part says:

"The anesthetizing injection is made at a point one-half inch below and posterior to the posterior commissure of the anus. A spray of ethyl chloride, or a drop of pure phenol, is usually applied to lessen the pain that accompanies the introduction of the needle. Whenever possible, the index-finger of one hand, protected by a finger-cot and well lubricated, is inserted in the anus, and the sphincter pulled downward and backward. The syringe, containing about one drachm of a one-per-cent. solution of quinine and urea hydrochloride, and armed with a fine, sharp-pointed needle about two inches in length, is held in the other hand. The needle is inserted quickly, just beneath the skin, and four to five drops of the solution are slowly injected. The point of the needle is then passed inward and laterally, going down toward and into the external sphincter muscle, which guided by the finger in the rectum, is brought down toward the needle. The point of the needle should be kept about half an inch from the anal aperture, and the injection is carried up along the posterior lateral quadrant of the anus for about three-fourths to one inch. The needle is then retracted

to the point of puncture, but not withdrawn. It is then pushed up on the other side in the same manner, injecting the opposite side, so that when the injection is completed the wheal of infiltration is U-shaped, the apex being at the point of puncture. Care should be taken lest the rectal wall be punctured, but with the index-finger of one hand in the anus during this procedure such an accident should not occur."

At the Congress on Hygiene and Dermography, held in Washington in September, Prof. M. J. Rosenau, of Harvard University, stated that he had apparently succeeded in transmitting poliomyelitis (infantile paralysis) from sick to well monkeys by the bite of the common biting fly, *Stomoxys calcitrans*. He allowed a number of these flies to bite monkeys sick with poliomyelitis in various stages of the disease, and then later allowed these same flies to bite twelve well monkeys. Of the twelve well monkeys thus bitten six became sick with well marked symptoms of poliomyelitis, and of these three died. The *Stomoxys calcitrans* resembles in size and appearance the common house fly. It is most frequently found in and about stables. It is, however, by no means uncommon in houses. It bites animals as well as man, and sucks their blood, upon which it feeds. Dr. Rosenau concludes from his experiments that, after the virus of poliomyelitis is taken into the body of the fly by biting an infected animal or person, some time must elapse before the fly is capable of transmitting the disease, and that the period which must thus elapse is probably less than twenty-one days.

It has often been made evident that a physician who uses few opiates can have a much greater success than one who makes constant use of them. Opium is a good remedy for other than pain-relieving or sleep-producing purposes, but even here its use should be restricted. A single dose, or even two or three doses of morphine, to relieve severe pain in an emergency, may be justified, but the repetition, day after day, of this or any other habit-forming drug, is rarely, if ever, necessary, and a good working knowledge of Eclectic materia medica will make avoiding such malpractice a matter of little difficulty. The drug habit is readily formed, and one which is far worse than death. It will not do for a physician to excuse himself for prescribing drugs potent for evil by saying that if he don't, some other physician will, and thus secure the patient. That is clearly "beating the devil around the bush." It is far better to let a thoughtless physician have your patient than to start a human being on the downward course of a morphine or cocaine fiend. A clean conscience is much more valuable than the few dollars that a dishonorable physician may obtain from his victim.

In a recently published article on the "hypodermic use of lobelia," the writer says that, after reading the experiences of other physicians, he determined to give the hypodermic use of the drug a fair trial. In

the cases in which he so employed lobelia, it was noted that he also used veratrum, belladonna, ergot, echinacea, sulphurous acid, bryonia, asclepias, aconite, rhus toxicodendron, gelsemium libradol, passiflora and jaborandi. It is possible that the Lord knows whether nature or some one of the fourteen drugs administered kept the patients alive, but surely no human being could make a probable guess as to the part played by the hypodermic use of lobelia.

It is now generally conceded that epidemics of diphtheria which frequently appear among school children are in many instances preventable. It is much easier to prevent such epidemics than to check them after they have started. Precautionary measures will usually enable the health authorities to control this disease without allowing it to become epidemic and without the necessity of closing the schools. It is necessary to bear in mind the fact that most cases of diphtheria are contracted by *contact*, either direct or indirect, with persons carrying the bacilli in their throats. Rarely are the germs acquired from walls, floors or furniture of rooms. The disinfection of school rooms, says Prof. H. W. Coon, will usually have little influence in stopping an epidemic of diphtheria, but the isolation from school of children carrying the germs in their throats will do so quickly. When a case appears in a school it almost always happens that very soon other scholars are found to be carrying the germs in their throats, and these are a source of danger, even though, as frequently happens, they are themselves perfectly well. The forbidding of such persons to attend school until their throats are clear is the one effective way of preventing the spread of the disease among the scholars. The isolation of such scholars is usually necessary for only a short time.

In the treatment of gonorrhea it is essential that the patient should be made to thoroughly comprehend the importance of absolute cleanliness, and also to realize the danger that is sure to result from thoughtless or careless handling of the parts involved. He should be fully instructed in regard to the fact that not only is there danger to others, through the use of towels and bedding, but that unless great care is exercised, his eyes are liable to become infected. These are simple facts many times retold, but it is often the little and simple things that make for success in practice.

The physicians are numerous who fail, when giving a hypodermic injection, to remember the precaution, after pushing the needle into the tissues, of slightly retracting and then rotating it, so as to free it from any blood vessel.

If Eclectic journals would refuse to publish criticisms of specific diagnosis and specific medication—our leading distinguishing features—and entirely ignore the persons who offer such diatribes for publication, our enemies would be deprived of much of their ammunition.

Original Articles

Country Jottings.

BY DR. F. P. SINCLAIR.

For sore and sweating feet, bathe the feet at night in salt water, dry on towel, and, while yet a little moist, rub the soles, sides, tops—including the toes and heels—with boracic acid powder. Rub it well—not harshly but thoroughly. Put on clean stockings and new shoes. If you do not wish to discard the old shoes, wash them inside with forty per cent formaldehyde. That will dry and crack the leather, but it will destroy the bacteria that swarm in the shoes; and these bacteria must be gotten rid of before wearing the shoes again, else reinfection of the feet will surely take place. Repeat this process every night for three nights, and then afterward as needed. I have never tried a solution of boracic acid, but think in strong solutions results would be similar.

Acid and alkaline temperaments are factors always to be considered in prescribing. Many an otherwise well-fitting prescription fails because their indications are not recognized and considered, and their excesses corrected.

Where there is want of power in the heart, the pulse small and frequent, and the urine scanty, we think of digitalis, and we think rightly. Yet we are frequently disappointed in results. When that occurs use an infusion of the herb. Where the indication is straight the infusion is specifically failure-proof.

Acetanilid	3½ grs.
Sodium Bicarb	9/10 gr.
Sodium Bromide	1/10 gr.
Caffeine	¼ gr.

For years I have used this tablet for the full, bounding pulse of intense disease, where the heart's action was good. If the temperature is high, the skin hot and dry, and there is headache and general suppression of the secretions, I have found nothing equal to it for almost immediate effect. Dose, one, two, or three tablets, depending upon urgency. Under its influence the pulse softens and becomes smaller, headache ceases, the nervous tension is relaxed, temperature falls, the skin moistens, and sometimes pronounced perspirations occur; and the patient smiles up at you grateful for the relief. By this means he is frequently prepared for subsequent appropriate treatment.

Capsicum and Xanthoxylum are old and neglected remedies. In the early congested stage of pneumonia, where coldness and vital depression are prominent symptoms, woollen cloths wrung out of a hot decoction of them, and kept wrapped about the chest, bring active superficial circulation and relief from distressed and suffocative breathing. Used similarly in low-typed articular or muscular rheumatisms, they are unexcelled as rubefacients.

Internally they are indicated in coldness and torpidity of the mucous membrane of the stomach, and they are powerful stimulants to the solar plexus. In powdered form they are conveniently carried and easily taken in capsules. Keep them thus in stock and remember the indications.

Case of carcinoma of cardiac end of stomach, with persistent vomiting. Patient cold and so weak he could not more than rise from bed with assistance. Gave these remedies in five-grain capsules every three hours, and vomiting ceased. Fed nothing but hot milk with white of egg, and gave small doses of Peptonate of Iron with Manganese and Strychnine. Improvement from the first, and patient walked three miles in one day in winter. In March he was out in a blizzard, pneumonia supervened, and death followed.

Lysander, New York.

Tuberculosis, Pulmonary, Treatment and Therapeutics for.

Read at the Annual Meeting of the American Association of Progressive Medicine.

BY G. C. YOUNG, M.D.

Tuberculosis, as we use that word in the concrete, represents more than one form of disease; consequently there is a multi-form of pathology and symptomology. This multi-form pathology calls for and necessitates multiform treatment, both, in therapeutics, and application, which may be local and general.

No one will deny that tuberculosis is a general constitutional manifestation of, and departure from, normal, physical and mental healthy conditions. The human constitution is under the control of two forces—the nervous and the vegetative.

Dr. John Hunter, speaking of these two forces in the human body, compared them to a "Whirlpool into which disintegrated material was constantly being poured by the action of the vegetative power, and just as constantly whirled out by the nervous force." The dynamic nerve shocks so hasten the absorbents in their work of taking away the waste matter that they often remove much that has not given up all the nutrition contained; consequently the body is not nourished to the extent it would be if the nervous system was in a more placid condition. When this condition exists, as it does in almost every

hereditary subject as one of the first signs of infection, *conium* is the drug. It will relieve the excited condition of the nervous and vascular systems and thereby retard an abnormal metamorphosis.

℞ Fl. ex. <i>conium mac.</i>	℥ss.
Elix. lac. pepsin	℥i.
Aqua, q. s., ad.....	℥iii.
Mi. Sig. ℥i. every four hours.	

For constitutional treatment, to overcome the effects of a scrofula diathesis, and general bad blood, with imperfect nutrition:

℞ Fl. ex. <i>iris ver.</i>	℥iiss.
“ “ <i>echinacea</i>	℥i.
“ “ <i>phytolacia dec.</i>	℥i.
“ “ <i>rumix crisp</i>	℥iiss.
Elix. lac. pepsin	℥i.
Aqua q. s. ad.....	℥iv.
M. Sig. ℥i. Three times a day.	

Syr. hypophosphites with creosote; three doses in the 24 hours, if well tolerated by the stomach, is helpful and gives good results. Calcium creosote is of special value, if reports may be depended upon. I have not used it myself, but the combination is suggestive of helpfulness.

If the disease advances we must not only keep the absorbents in subjection, but also sustain assimilation and elimination, and thereby support and build up the body so as to give it a force of resistance against the tubercular deposits which may have formed or are forming. If tubercle is formed in the lung as illuminous tumors and the crumpling sound at inspiration is heard, something like paper when it is moved, and there is no tendency to vamollescence, if there was, moist crackling sounds would be heard, or a change of tubercle into calcareous matter, which would show in the sputa.

The rational manifestations of this disease are four—pain, dyspnea, cough, and expectoration, each of which must be cared for as the condition demands:

℞ Fl. ex. <i>stillingia</i>	℥iii.
“ “ <i>sanguinaria</i>	℥ii.
“ “ <i>prunus vir.</i>	℥ss.
“ “ <i>lobelia luy.</i>	℥ii.
“ “ <i>symploearpus feti</i>	℥i.
“ “ <i>veratrum ver.</i>	℥ss.
Syr. simp. q. s. ad.....	℥iv.

M. sig. ℥i. every two or three hours as may be required.

In most cases the above formula will give relief from the above symptoms.

We have been sustaining the body by proper and nutritious diet, and not neglecting effective *endurable* hygiene and the indicated remedies for the polyform pathology present.

Now we must take cognizance of the tubercule and its composite parts. We have said if tubercules are formed in the lung as albuminous tumors. We now say the tubercules formed in the lungs are serum or albuminous tumors. If we could dry this albumin *in situ* by a gentle heat, say 150° F., and thus break up the elastic mass, it would soon be cast off in the sputa. If we could digest it in water—in acids—alkalies or neutral salts as we can in the laboratory? but as yet these processes by direct application have not been accomplished; therefore we must continue to get at the lungs through the blood channels.

We must not forget the constituent parts of the blood: 79 parts of water and 21 parts of dry solids. Of the 21 parts of dry solids, 12 belong to the corpuscles, and the remaining 9 are about two-thirds albumin and one-third solid matter.

The blood supplies nourishment to, and takes away the waste matter from all parts of the body alike, except there is some obstruction.

It is absolutely essential to the life of every part of the body that it should be in such relation with the current of blood, that matters can pass freely from the blood to it, and from it to the blood, by transudation through the walls of the vessels containing the blood. All the life giving influence depends upon the corpuscles of the blood.

There is no part of the whole body where obstructions occur to the extent they do in the lungs. Which is the middle of the river where the red horse is exchanged, for the black and the red, often refuses to take all the black offers, when a *residue is left* in the path.—*Deposit*. To dissolve the solids of this residue so that they may be expelled in sputa and neutralize the toxic element of the fluid, is the purpose of our endeavor.

External applications seem to have no satisfying curative effect. They are often soothing and comforting, more in particular when applied hot in dyspnea.

Internally: *Vanadiol*, 10 drops in one ounce of water three times a day, I have found very effective in all stages of the disease, but more in particular in the second. In the third stage: It is very helpful in the form of *vanadio-serum* for hypodermic and intravenous injection. This comes in sterilized ampoules in various sizes from 20 drops to an ounce and upwards. Then there is *vanadisseptal*, which is used for inhalation of a 5 to 20% solution from an atomizer. In the second and third stages, these last two forms are of great value in their action on lesions; neutralizing toxins and healing cavities.

Creosote carbonated, may be inhaled by an atomizer, or vaporizer, with excellent effect, as an antiseptic.

I have had most encouraging results from these inhalations.

Three things are absolutely necessary for the cure of pulmonary tuberculosis: Proper medicine, proper hygiene and proper nourishment.

There are many things which will contribute much to the patient's comfort and general health: Cleanliness, large airy rooms, an even temperature (70° F.), general good sanitary and antiseptic surroundings.

Fuss and meddlesome over attention has as many deaths to its credit as medical nihilism is charged with, and that is not a few.

We have proved that pulmonary tubercle can be destroyed and the patient live, if properly cared for in the first or second, and sometimes in the third stages, and that without animal therapy.

Hygienic attention: The hygienic trend of nature was recognized by the ancient Greeks and Israelites, and it was enforced as one of the most important and binding precepts, for moral, physical and religious life. Prophylaxis must include hygienic precautions, hence the frequent medicated bath. Two pounds of magnesium sulphate, dissolved in fifteen gallons of warm water, or its proportion, according to size of vessel. Take a bath every three or four days, from *five* to *seven* minutes. Or if the patient is unable to use the bath tub, use the sponge.

The digestive organs must be kept functionally correct. The intestines must be in antiseptic condition all the time. The rhubarb comp., with potassium (eclectic neutralizing mixture) is one of the best remedies for regulating the stomach and bowels:

℞ Fl. ex. rhubarb comp. with potassium.... ʒss
 Elix. simplex q. s. ad..... ʒii
 M. Sig. ʒi. after eating. Three times a day or
 as needed.

The sulpho carbolates comp., five grains once or twice a day as needed will keep the bowels in an antiseptic condition.

For hemoptysis or passive pulmonary hemorrhage:

℞ Fl. ex. lycopus ʒss.
 Elix. lactated pepsin ʒi.
 Aqua q. s. ad..... ʒii.
 M. Sig. ʒi. every two hours.

Lycopus is an excellent remedy in phthis, as it possesses sedative, tonic astringent properties, and also narcotic. For ulcerations of the lungs, stomach, liver and bowels it is one of the very best therapeutic agents we have, and in the treatment of tuberculosis of these organs we have found it to be most curative. No matter whether there is

hemorrhage or not, we give it whenever indicated by the heart or nervous system.

Whilst lycopus will give great satisfaction in heart trouble, so peculiar to pulmonary tuberculosis, yet we often use convallaria alternated, when there is much pain and oppression in the heart region and dyspnea.

℞ Fl. ex. convallaria maj. ʒii.
 Elix. lactated pepsin ʒi.
 Aqua q. s. ad. ʒii.
 M. Sig. ʒi. every one or two hours as indicated by the nervous excited action of the heart and forceful palpitation.

Lycopus and convallaria are potent remedies, and we have many times witnessed their good effect. When indicated by positive symptoms, convallaria is seldom contra-indicated where there is mitral insufficiency, palpitation, arterial pressure diminished, obstruction due to mechanical causes, impaired circulation and shortness of breath such as often occur in pulmonary tuberculosis.

When there is great physical and mental depression; where the vital forces are in a state of exhaustion; when there is a dry, hacking cough, bronchial irritation, difficult expectoration and great distress when lying down, the toning and vitalizing energy of phosphoric acid is indicated:

℞ Phosphoric acid solution, 85% gtts. xvi.
 Syrup simplex ʒi.
 Aqua q. s. ad. ʒii.
 M. Sig. ʒi. in a little water every four hours.

Night sweats are very weakening and sometimes very troublesome. I have used a number of drugs for this, but find none that gives better satisfaction than the following:

℞ Fl. ex. belladonna gtts. v.
 Aqua q. s. ad. ʒii.
 M. Sig. ʒi. Every two hours from 1 P. M. to 9 P. M.

Or, ℞ Picrotoxine, 2x. gr. ii.
 Sig. Every hour from 6 P. M. to 9 P. M.

These remedies may have to be repeated for a few nights. I sometimes alternate them.

With the remedies named in above formula I have cured pulmonary tuberculosis in first and second stages, quite a number, and a few in what is known as the third stage. All the cases cannot be treated alike, and all the remedies are not used in some cases, but a constant watch must be exercised, and every advantage taken for the well-being of the patient.

Do not send the patients to high altitudes. Do not let them sleep

on the roof or exposed porches of the house at night. They must avoid exposure to storms and fatigue of any kind. Eat good nourishing digestible food as often as the body can use it.

In the formula given I have written fluid extracts, but have used "Specific Medicines" and the "Alkaloids" in proper doses with about the same results.

Washington, N. J.

The Quack.

BY J. R. BORLAND, M.D.

I have a copy of "Cullen's First Lines of the Practice of Physic," published in 1805. In the preface I find a foot-note as follows: "The remarkable circumstances in the life of *Aureolus Phillippus Theophrastus Bombastus Paracelsus de Hohenheim*, as he called himself, are too numerous for insertion in the narrow limits allotted in these Notes. He was born at the village of Einfidlen, about two German miles from Zurick, in the year 1493. At three years old he was made an eunuch by an accident. He travelled all over the continent of Europe, obtaining knowledge in chemistry and physic, and then travelled about the country practicing what he had learned. His chief remedies were opium and mercury, and his great success increased his celebrity. He cured the famous printer *Frobenius* of Basil of an inveterate disease; this cure brought him acquainted with *Erasmus* and made him known to the magistracy of Basil, who elected him professor in 1527. He lectured two hours every day. While seated in his chair, he burnt with great solemnity, the writings of *Galen* and *Avicenna*; and declared to his audience that if God would not impart the secrets of physic, it was not only allowable, but even justifiable to consult the devil. He soon left Basil, and continued to ramble about the country, generally intoxicated, and never changing his clothes, or even going to bed. He died after an illness of a few days, in an inn at Saltsburg, in 1541, in his 48th year, though he had promised himself that, by the use of his elixir, he should live to the age of Methusalem." Such was the father of the mercurial or mineral practice. His immediate followers were called *quacks*, from the German name *quacksalber*, for quicksilver.

Items From the Field of Neurology.

BY THEODORE ADLERMAN, A.B., M.D.

A case of acute bulbar palsy following in the wake of mumps was reported by Dr. Collins and Dr. Armour at the last meeting of American Neurological Society. The report was based on a study of an 11-year old boy who complained eight days after the onset of a mild attack of mumps, of dizziness, headache and malaise. The following day he staggered on attempting to walk and had partial paralysis of the left face. He rapidly developed dyspnoea and died on the third

day of the illness. Section through the oblongata, pons and crura showed distinctly a severe inflammatory round cell infiltration most pronounced at the superior level of the bodies, diminishing in intensity in both directions from this level. The round cells appeared similar to those seen in poliomyelitis. There were a few cells resembling polyblasts. The greater number of cells were lymphocytes. The gongelioni cells showed all stages of chromatolysis.

The above was reported (according to the Medical Record) under the title as above mentioned—in our estimation—we thoroughly agree with the opinion expressed by some of the doctors present, that it was simply a case of poliomyelitis in a boy who happened to have an infectious parotitis.

I have been asked to state what is a "Nervous Dysmenorrhea?" This is the idiopathic dysmenorrhea of old writers, which they have also called hysteralgia and spasmodic, for they (the doctors) could not find the cause. It is characterized by an intensity of the nervous symptoms which dominate each case. They are neuralgias located in the lumbo-abdominal region, in the intercostal spaces, the face and the thighs.

Some time ago in the Berliner Klin. Woche, Schutte reported that in the city of Meiden there has existed among school children a new peculiar nervous affection which was locally known as the "trembling sickness." The patients, nearly all children between the ages of nine and thirteen years, girls being most susceptible. The affection first comes on in a more or less protracted period of nervous unrest, which is followed by a gradual development of a trembling of the right forearm and hand. In severe cases the left side also became involved. The trembling attacks last from a few minutes in one case to an hour in some other cases, and recur at irregular intervals. This condition was observed by me some seven or eight years ago in some school children in New Jersey, mostly children with a neuropathic heredity, and was readily overcome by removal from school, rest in bed for a time and the administration of small doses of specific Conium Macolatum. Schutte, I notice, reported this condition in 1906. I observed it in 1904.

Insomnia in children may be due to affections accompanied with pain, to painful itching diseases of the skin, to digestive troubles, to colic, to coryza, to adenoid vegetation, to rickets, to tetany. Doctor, how am I to know which of these is present in your little patient? Give more information, enclose \$5.00, and I will answer promptly.

“*Neuritis Puerperalis Lumbalis Peracuta.*” This affection was so named by Horuch (*Zeitsch. f. Geb. u. Gyn*) because of its very rapid course and its limitations to the lumbar nerves. In a careful examination of 680 women in the Copenhagen Maternity, the affection was found 32 times, or 4.7 per cent. The symptoms are: Sensitiveness to pressure on nerves, paralysis, pain, hyperesthesia of the skin and in some cases an increased petillas reflex. One case as reported is of some interest. The patient a primapara, 25 years of age, and was in labor $7\frac{1}{2}$ hours. She had vomited during the pregnancy, and a mild nephritis was still present when she left the hospital. The second day of the puerperium the crural and saphenous nerves were very sensitive to touch, but there were no motor or sensory disturbances. The following day the pains in the legs which had begun the afternoon before had mitigated to some extent. They were of a short, cutting nature and used to come on a few times during the hour. Hyperesthesia was present in the skin of the anterior surface of the right thigh, extending to the knee. Left leg, however, remained normal. The patellar reflexes were increased, especially so on the right side. In the afternoon the left leg became involved. The electrical reactions remained unchanged. All symptoms completely abated one week after delivery.

This affection must be due, I think, to a puerperal toxemia which probably produces an inflammation of the nerves. The diagnosis is certainly an easy matter and cannot be confused with anything—with the exception, perhaps, that it may resemble a case of phlebetis.

Meningeal haemorrhages may occur without symptoms. This is the case when the haemorrhage is scanty or brought about gradually. In a small number of cases, however, a diagnosis can be made with a certain degree of certainty. The principal symptom is a picture of increased intracranial pressure taking place under the clinical picture of apoplexy—which is characterized by vomiting, coma, slow and irregular pulse, contracted pupils—which react little or not at all, a choked disk, excessive elevation of temperature and some bilateral paralysis.

Most of your text books dealing with *Dementia Paralytica* dwell on the presence of the Argyl-Robertson pupil. As a matter of fact, however, it is not so. The writer was very careful in his examining, and out of 100 cases carefully examined, the “true Argyl Robertson pupil” was found only in 12 cases! The pupils may be unequal, they may react badly to light—but that is all. Irregularity and iridoplegia are the most prominent pupillary signs in Paresis.

An idiot is extremely timid; everything seems to frighten him

because he cannot explain anything. Should anyone, whom he does not know, approach him, an idiot will assume the defensive or he will run away. This timidity helps to educate the idiot better than imbeciles, for the latter fears only blows, and when they are excited they do not fear anything at all.

The study of suicides in different lands is very interesting. Statistics show that suicide is more common among men than in women. Men are of course more determined than women, and this may explain why, if they do commit suicide, they do it effectually—while the women just try at it, so to say.

Thyroid extract has given lately forty satisfactory results in the treatment of mental disorders connected with the menopause, and also in some cases of melancholia. Care must be taken not to use it in cases where there is a rapid loss of weight from the start. Some few reports have reached us showing favorable results were obtained from its use in acromegaly. While the disease was not entirely cured, many of the symptoms have very much improved.

Tuberculous meningitis presents so many differences in its early and late stages, that the difficulties in diagnosis are many and varied according to the time when the case is seen. It is much more difficult to diagnose this disease in the early than in the later stages. It is not at all easy to distinguish the constitutional symptoms from those of some form of gastro-intestinal catarrh, or from those of one of the exanthems or from pneumonia—in children.

Somnolence is usually found in persons of feeble intellect. Some old people sleep a great deal. In organic brain trouble, cerebral syphilis, in hysterical and epileptic persons—you will often meet with somnolence. Sufferers from anæmia, leukaemia and mykoldema sleep too much—especially in the day time.

To give 60 (sixty) grains of bromides per dose, four to six times per day and for years, as is recommended in some text books dealing with epilepsy, is a moral crime. I wish I could get a hold of some of those medical authorities (?)—I would make them take some of their own medicine for a few weeks only.

Have you ever noticed the depression of the functions of the brain and of the general system following the case of bromides?

The Kernig symptom in Tuberculous Meningitis is only of very slight diagnostic value. It is present in less than 30% of the cases.

The Babinski reflex, however, is a more valuable sign of the tuberculous nature of the disease, as it is rarely if ever present in the cerebro-spinal type. Temperature is also important; the absence of fever or the presence of a low temperature in conjunction with the cerebral symptoms point strongly to tuberculous meningitis. In general it is good to remember this: the examination of the fluid will establish a diagnosis, the examination of the fundus of the eye is also conclusive (optic neuritis, or choroidal tubercle).

Children who masturbate should have exercise in the fresh air while they are so tired that they fall asleep as soon as they are put to bed. Jumping, running, swimming, tennis, are all very good measures for masturbation and the resulting sleeplessness.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to
DR. J. W. FYFE, Saugatuck, Conn.

A Brief Re-Study of Wooster Beach's Remedies.

NO. X. ARUM TRIPHYLLUM.

The root of this perennial plant, commonly known as Indian turnip, possesses stimulant properties of considerable activity, as well as those of a diaphoretic and expectorant character of some usefulness.

Arum has been employed with advantage in laryngitis, and in bronchitis it exerts a beneficial influence. In chronic asthma it has been used with modifying effect, and in whooping cough some physicians deem it useful. In his *American Practice of Medicine*, Dr. Beach refers to Indian turnip as follows:

"Indian turnip, when fresh, makes a powerful stimulating remedy. It also makes an excellent poultice in scrofulous swellings. When dried and pulverized it is a good remedy in coughs, canker, pains in the chest and in colic. It is very efficacious in low fevers. An ointment made of the fresh root and lard is useful in tinea capitis."

The specific indications for arum triphyllum have not been well defined, but the following have been found useful: Difficult expectoration dependent upon an enfeebled condition of the respiratory organs; a sense of fullness and swelling of the throat and tongue; severe sore throat, with bleeding and marked fetor; inflammatory swelling of the mucous surfaces of the mouth, fauces and air passages, with pricking, stringing pains or burning discharges.

The dose of the fluid extract of *arum triphyllum* is from 10 to 30 drops, but in most cases it may be prescribed as follows: $\mathcal{R}$ *Arum triphyllum*, gtt. x.; water, $\mathfrak{z}$ iv. Teaspoonful every hour to every three hours.

Whooping Cough.

The diagnosis of this affection is readily made after the characteristic whoop develops; before this we may not be positive, although the catarrhal symptoms, hoarseness and spasmodic cough are suggestive of the trouble. The period of incubation varies from a few days to two weeks, depending largely upon the susceptibility of the patient, the virulence of the epidemic, and the resisting power of the child, or upon his vitality. The disease comes on so insidiously that the prodromal symptoms are ill defined, and the first evidence of the disease is the catarrhal stage. The child appears to have taken cold. * * * The cough, even in the early stage, is suggestive, coming on in paroxysms, though at the time the characteristic whoop is absent. * * * As the cough progresses the child becomes red in the face, the color soon changing to a livid or purplish hue, as the violence increases the eyes seem as though bursting from their position, the lips become swollen, the veins of the neck become distended, and sometimes blood bursts from the nose, mouth, and even the eyes or ears * * * and frequently vomiting ensues.—*Thomas' Practice of Medicine*.

BELLADONNA.

Belladonna is one of our best remedies in whooping cough. If half of a drop be given every two hours * * * excellent results are obtained.—*Ellingwood's Materia Medica*. In the latter stages of whooping cough, belladonna is a favorite remedy. It lessens the severity of the paroxysms and lengthens the intervals between the attacks of coughing.—*Fyfe's Specific Diagnosis and Medication*. Belladonna is a good remedy in whooping cough. In the latter stages of the disease it is generally indicated.—*Felter and Locke's Materia Medica*. In whooping cough when the patient is dull and inclined to sleep—the eyes dull and the pupils dilated—belladonna should be used.—*Mundy's Diseases of Children*. Belladonna given in small doses is one of our best remedies in whooping cough.—*Thomas' Practice of Medicine*.

BROMIDES.

The bromides are given with good results in whooping cough.—*Ellingwood's Materia Medica*. The bromides are frequently indicated in whooping cough.—*Fyfe's Materia Medica*. Owing to their power over spasms, the bromides relieve whooping cough.—*Felter and Locke's Materia Medica*. If a case of whooping cough shows the peculiar convulsive condition we expect to relieve with the bromides.—

Mundy's Diseases of Children. If the most marked symptom is of a convulsive character, the bromides should be used in whooping cough.—*Thomas' Practice of Medicine.*

DROSERA.

In whooping cough, when the active stage of the disease has passed, drosera will greatly modify the paroxysms.—*Ellingwood's Materia Medica.* In whooping cough when there is dryness of the air passages, and great irritation of the nervous system, drosera is a valuable remedy. It is not a remedy in all cases, but in the cases to which it is adapted it is a true specific.—*Fyfe's Specific Diagnosis and Medication.* Drosera is a remedy of value in whooping cough.—*Felter and Locke's Materia Medica.* Whooping cough may show the peculiar catarrhal condition of measles, and, if so, drosera is the remedy.—*Mundy's Diseases of Children.* Drosera is called for when the child is hoarse and the cough croupal in character.—*Thomas' Practice of Medicine.*

GELSEMIUM.

In whooping cough gelsemium is a good remedy.—*Ellingwood's Materia Medica.* In some cases of whooping cough indications for gelsemium are marked.—*Fyfe's Specific Diagnosis and Medication.* Gelsemium relieves spasmodic coughs, as whooping cough.—*Felter and Locke's Materia Medica.* In whooping cough gelsemium is the remedy when there is irritation of nerve centers and a tendency to convulsions.—*Mundy's Diseases of Children.*

Sodium Salicylate.

The vicissitudes of the season are the occasion of pain—pain of a rheumatic or of neuralgic type. For pain of the first type, and indeed for the underlying rheumatic cause, no agent is more generally efficient than sodium salicylate. In recent years some have sought to substitute aspirin for the sodium salt, but in our experience, while often capable of promptly relieving the pain, we have encountered from its use disagreeable nausea and vomiting and profuse sweating. But for acute headache, brought on by colds and acute catarrh, for neuralgic headache in rheumatically inclined individuals, and for acute rheumatism, to control pain, shorten the course of the disease, lessen its severity, to prevent cardiac and other complications, and to allay the fever, sodium salicylate has been all that could be desired. We are careful, however, about the preparation employed. We use only the product prepared from wintergreen oil or the product from birch oil. That derived from coal-tar should not be used, for from it have come most of the cardiac accidents, the gastric distress, and other unpleasant effects attributed to salicylic acid and the salicylates. We find that

while sodium salicylic has one drawback—the production of marked prove of little consequence. Again, the disagreeable sweetish taste can be made somewhat palatable by judicious combination with agents which either do not impair its efficiency, or may even enhance its virtues. Nothing adds to its palatability so much as fluid extract of licorice; to this may be added essence of wintergreen, itself antirheumatic, or essence of peppermint or anise or cloves. These alone, without the licorice, do not so satisfactorily mask the unpleasant sweetness lassitude—that this is so greatly overbalanced by its good effects as to of the salt. To aid its efficiency, macrotys, bryonia, colchicum, or iodide of potassium may be combined with it when well indicated. That it is an ideal anti-rheumatic is certain; but its effectiveness and kindly action depends upon the quality and source of the salt employed. The considerably higher price of the better article should be no bar to its employment, for the returns in efficiency of action and the reputation the prescriber acquires for the quick relief of rheumatic pain far more than compensate for the difference in price. Use only the best drugs: they pay large dividends in the long run.—*Dr. Harvey Wickes Felter in the Eclectic Medical Gleaner.*

Care in Gelsemium Dosage.

There is no more valuable remedy, where the specific indications are present, than gelsemium. When used under these conditions, it will never disappoint. Be careful of the dosage, as we have seen many patients very susceptible to the remedy.

EARL H. KING, M.D.

Sticta in Constipation.

Sticta Pulmonalis, in very small doses, say three to five drops in half tumbler of water, a swallow or two after meals, will regulate almost any case of constipated bowels, providing the patient abstains from *sour* and *sweet* articles of food.

H. P. WHITFORD, M.D.

Milk stations are cheaper than hospitals, and will save the lives of more babies. Why not put the baby before the window in the best room in the house and, if necessary, put the geraniums in the closed and darkened room. If sunlight and air are good for flowers, why not good for babies?—*Summary.*

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Dallas, Texas, in June, 1913. F. L. Wilmeth, M. D., president; W. P. Best, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1913. G. J. Olsson, M. D., president; G. R. Thompson, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth street. H. Harris, M. D., president; M. B. MacDermott, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth street. John Birkenhauer, M. D., secretary.

Kings County Eclectic Medical Society. Meets Semi-Annually, Hof Brau House, Fulton street, Brooklyn. Theodore Adlerman, M. D., president; A. B. Wolf, M. D., secretary.

Brooklyn Therapeutic Society. Meets Quarterly, 369 Hewes street, Brooklyn. A. B. Wolf, M. D., secretary.

Eclectic Medical Society of the City and County of New York.

New York City, Nov. 21, 1912.

The Eclectic Medical Society of the City and County of New York held its regular monthly meeting in the College Auditorium, Thursday evening, November 21st, 1912.

Dr. H. Harris in the chair.

A large number of members were in attendance. Two candidates, Drs. Prout and Crispell, were elected to membership.

In the absence of the essayist for the evening, Dr. James Moran gave a detailed report of a case of puerperal eclampsia in a young primipara, and his treatment of the case, which ultimately terminated in recovery. The doctor's treatment of the case was mainly as follows: immediate evacuation of bowels with a high rectal enema, followed by about one pint of normal saline solution which was let to remain in bowels and rectum. Wrapped patient in hot pack from neck to feet. Kept cold applications to head. Gave morphine (hypodermically) to control convulsions, gave veratrum viride, and glonoin to combat high arterial tension, when convulsions ceased (after eight hours) he gave eliminants and diuretics. Result—patient recovered.

The report of the case elicited many varying opinions from members who participated in the discussion for and against the use of morphine in those cases.

In closing the discussion Dr. Moran said he followed the methods practised in the Rotunda Hospital, Dublin, where a large percentage of these cases are reported cured by this method of treatment. A vote of thanks was tendered to the Doctor for his very interesting report of the case, after which the Society adjourned.

M. B. MACDERMOTT, Secy.

Selections

Podophyllum Peltatum in Diarrhoea.

BY DR. R. HAEHL, STUTTGART.

At the end of July, 1902, Mrs. St., from L., brought her little son, then about ten years old, to my office. He had been suffering for nine months from diarrhoea, and this showed itself regularly every morning. There was first of all an urging; then nausea with a sensation of weakness in the gastric region. The attacks would be repeated at short intervals several times, and usually ceased about ten in the forenoon, returning again next morning. Two physicians who had treated the patient before me were unable to relieve him in spite of their careful dieting and their medicines. *Podophyllum peltatum* 6, four drops in a teaspoonful of water, thrice a day, made an end of the diarrhoea in a week, and this without any particular change in the mode of living.

This striking case was brought back to my memory when the same patient visited me again a short time back, being then seventeen years of age, to consult me about a disease of the middle ear. He had not had any relapse all this time of his intestinal trouble.

This case is just now the more interesting, as morning diarrhoeas with the peculiar *Podophyllum* symptoms are at present very frequent. Dr. Dewey describes these cases in the following words: "A painless morning diarrhoea with watery, yellowish discharges, profuse and gushing out, like water from a hydrant, with preceding retching and vomiting, followed by a great weakness in the abdomen, especially in the rectum. The stools are worse after eating and drinking, and there is often later in the day a normal stool." Another characteristic symptom of the remedy is, further, a morning diarrhoea, the first half of which consists of firmly formed hard faeces, followed by thinly fluid stools and flatus.

Although *Podophyllum* influences also other organs or parts of the body, *e. g.*, the nervous system, the eyes, the female sexual organs, etc., the provings do not allow us to doubt that its chief domain is the mucous membrane of the intestines. Dr. Anstie, who has given this remedy many trials on animals, has established the fact that it causes a congestion of blood in the mucous membrane of the small intestines, so that this is frequently covered in its whole length with a bloody mucus.

The most striking effect is found in the duodenum, the inner surface of which frequently showed destruction of the tissues and ulceration. Where it enters the large intestine, these irritations caused by *Podophyllum* usually ceased and only in a few cases could there be

found some scattered spots in the larger intestine with the morbid action of *Podophyllum*.

On the other hand, the action of *Podophyllum* was all the more manifest in the rectum. In children suffering from dysenteric bloody diarrhœa, with violent urging and severe relaxation of the rectum, so that this protrudes during stools, it will be found of great service. So also it is a reliable remedy in internal and external piles. This symptom may be connected with the congestion of the liver and stagnation of the circulation in the portal vein, which has been observed by numerous provers. Whether *Podophyllum* is able to act on the liver directly is not, as yet, decided. Dr. Anstie, grounded on a number of his experiments, came to the conclusion that the disturbances caused by *Podophyllum* in the liver and in the flow of the bile, are only indirect effects caused by the transition of the morbid changes of the duodenum, which are transferred also to the gall-bladder, or that the flow of the bile from it is interfered with.

It is also of importance to note that aged persons are very sensitive to the action of *Podophyllum* and they should, therefore, take it in the higher potencies. The late Professor Mohr, of Philadelphia, emphasized this fact, and showed from a number of cases from his practice how easy it is to provoke medicinal aggravation with older persons by the use of *Podophyllum* in the tincture or in the lower potencies. It is also noteworthy that the effect of *Podophyllum* is much increased by ordinary cooking salt. Also as a medicine in homœopathic attenuation, *Natrum muriaticum* is closely related to *Podophyllum* and in any case in which the latter, in spite of indication, should fail to act a few doses of *Natrum mur.* will suffice to produce the action.—*Hom. Monats-blaetter.*

Aconite and Its Uses.

Dr. Douglas H. Stewart, of New York City, in a late issue of the *Medical Standard*, says: I use aconite in fever whenever there is a rapid, strong pulse and a dry, hot skin. I always used the homeopathic mother tincture unless I'm overruled by my confreres. The danger of overdosage is exaggerated. Five minims in half a tumbler full of water and given in teaspoonful dosage every ten minutes is about as useful therapeutically as five minims of the tincture three times a day. Blueness of the lips and fall of the blood pressure are the signs of danger. Note tingling of the lips if the patient is conscious (this is often missing in typhoid fever). I have used aconite in many forms of neuralgia, but find it inferior to gelsemium. I have had no experience with local applications of the drug. In nervous affections I generally prefer gelsemium. Aconite is also employed in tachycardia—especially in the racing heart of actors, singers, etc. "Ask yourself," says Dr. Stewart, "would this case be helped by bleeding?" If so, use

aconite. I also use the drug in cardiac hypertrophy—1 or 2 minims three times a day. Have not used aconite externally; but injected aconite into a painful sciatic nerve. It hurt so badly that pain ceased to be a factor in the case! Did it once! The patient begged for amputation as a relief. Have had much trouble with the preparations of aconite and prefer the homeopathic mother tincture because (1) it does not act explosively; (2) it acts as I expect it to; and (3) I can get it "around the corner." It will relieve the painful throbbing of peritonitis, but otherwise is of little value in that disease. It will stop diarrhœa, but I do not know why. I rarely use it in continued fevers. Aconite is good in suppression of menses due to surf bathing (three cases). Results of aconite sweat are good. Have also found it useful in cholera infantum in connection with saline irrigations.

A Persistent Chronic Cough.

A dry, harsh, hacking cough, with constant tickling in the throat, or with a sensation of burning in the throat and post-nasal region, can be cured by dissolving a grain of nitrate of sanguinarina in four ounces of water and giving a teaspoonful every hour or two. Winter coughs may be cured by the persistent use of this remedy.—*Dr. Ellingwood.*

The Presence of Gas in Pus Cases of Appendicitis.

BY LEWIS LANZER, M.D.

The presence of gas in and between the different fascias, due to the gases evolved by the various streptococci staphylococci thyphoid and colon baccilli which I have observed during my operative work and which I have never found absent when there was even a small amount of pus as a severe infective in the regions of the appendix. The presence of the gas manifests itself as soon as the skin incision is completed in small bubbles on and between the different layers, and I invariably find pus as a severe infection present. Of course I do not mean to say that this condition is to be relied upon to the exclusion of other means of diagnosis. In those cases where there is a doubt as to the presence of pus, not of course where there is a marked tumor present; there is no doubt as to the conditions present as even the odor of gas penetrates through the tissues. Dr. A. Gouget Presse, Medical, Dec. 17, 1910, describes the conditions as follows: The eliminative roll of the bowel has been known some time either as part of metabolism as pus drugs. We also know that in certain pathologic conditions, notably uremia, the intestinal enumitary may increase its work to supply the failure of the kidneys.

Of late it has been found that microbes are also excreted through the mucosa of the bowel in addition to the kidney and gall-bladder. Sanarelli showed that after injecting thyphoid baccilli

under the skin they can be found in great numbers in the much congested intestinal mucosa.

M. M. Ribadeau-Dumas and Harvier have repeated and extended these experiments by injecting typhoid and Para typhoid bacilli into the veins and then searching for them not only in the wall of the different portions of the bowel, but in the contents as well. Rabbits were used and each received an injection of one c. a. of a culture. The animals were sacrificed either the next day from the intestinal juice collected by a fine pipette from the wall of the bowel, and others were made from the contents.

In some animals to exclude the contents of the gall-bladder the common duct was tied and resected.

Brooklyn, New York.

Congestive Dysmenorrhea.

Dr. F. H. Davenport, A.B., M.D., Assistant in Gynecology, Harvard Medical School, in his book on "Disease of Women" and under the above caption refers to the treatment of congestive dysmenorrhea and the use of anodynes. He says, "It is by all means wisdom to avoid in these cases, if possible, all the use of stronger sedatives and anodynes."

In referring to the use of medication in these cases, Dr. Davenport, in this most excellent work on "Non-Surgical Gynecology," says: "Hayden's Viburnum Compound has seemed to be the most effectual remedy of this class, given in hourly teaspoonful doses in hot water, for five or six times."

That Hayden's Viburnum Compound is of inestimable value in the treatment of dysmenorrhea is not only indicated by its employment of gynecologists of today, but in the past by no less an authority than J. Marion Sims, who prescribed it and recommended its employment.

Hayden's Viburnum Compound is not a narcotic and contains no habit-forming drugs. It is a product of known composition and as a uterine sedative it holds first place in the opinion of many physicians as not only a dependable therapeutic product, but a remedy which is safe to administer to their patients. Given in teaspoonful doses, administered in hot water, it will prove most effective.

Pituitrin in Difficult Parturition.

Every physician who has any considerable obstetrical practice owes it to himself and to his patients to familiarize himself with the oxytocic function of Pituitrin. Here is an agent which, according to reports in the medical journals of the Old World (notably of Germany)—if obstetricians adopt it generally, as now seems likely—

is destined to rob childbirth of much of its pain and terror. What shall we say of such an agent that fails but once in over a hundred cases in which it is used? And that is just what happened in Dresden, according to a report of Vogt, of the Royal Gynecological Clinic of that city. Vogt adds: "It was not necessary to have recourse to forceps in a single instance in which Pituitrin was employed."

For the benefit of physicians who are uninformed on the subject, it may be said that Pituitrin is an extract of the posterior or infundibular portion of the pituitary gland. While in use for a number of years—chiefly, perhaps, as a hæmostatic and heart stimulant—it is only of late, comparatively speaking, that its value in uterine inertia has been fully understood. The product is prepared and marketed by Parke, Davis & Co., to whom inquiries should be addressed for further particulars of this remarkable agent. Not very long ago the company issued a pamphlet in which a number of interesting and surprising case reports were published. We understand that copies of this Pituitrin pamphlet are still available and may be obtained upon application to Parke, Davis & Co., at their general offices in Detroit, Michigan.

Growth in the Use of Bacterins.

Treatment of infectious diseases with preparations derived from corresponding micro-organisms is unquestionably growing in favor. Not only do the bacterial vaccines (or bacterins) seem destined to a permanent place in therapeutics, but their field of applicability is constantly broadening. Proof of this is seen in the growing list of these products announced by Parke, Davis & Co., no less than fifteen of the bacterins now being offered to the profession.

There are a number of reasons for the favor which is being accorded to the bacterial vaccines. In the first place these products are in consonance with the scientific trend of present-day medication. They are being used with a gratifying measure of success. The method in which they are marketed (sterile solutions in hermetically sealed bulbs and in graduated syringes ready for injection) appeals to the modern medical man, assuring, as it does, both safety and convenience. The moderate prices at which they may now be purchased will tend to give them still greater vogue. And these prices are worthy of note, since they represent a great reduction from those formerly prevailing, amounting, if we are not mistaken, to as much as 60 per cent. in many cases. They are announced elsewhere in this journal over the signature of Parke, Davis & Co., and will repay a careful scrutiny.

Book Reviews

Hypodermic Medication.

BY FRANK WEBB, M.D.

Member of the Connecticut Medical Association; National Eclectic Medical Association, with prefatory remarks by John Uri Lloyd, Ph.M.

This little book, of a little over a hundred pages, is dedicated to Stephen B. Munn, of Waterbury, Conn. Professor Lloyd, in his Prefatory remarks, gives an interesting chapter on the Pharmacy of Plant Hypodermics. The author refers to nineteen drugs that he is using hypodermically.

UNCOMPLICATED PREGNANCY AND LABOR. Presenting a simple scientific method of treatment of the disorders of the pregnant term. For their cure and for the preventions of the complications of labor. To induce a normal balance of all functions so that a labor without pain in very large part is the result. By Finley Ellingwood, M.D., Chicago, Illinois. Published by *Ellingwood's Therapeutist*, 32 North State Street, Chicago, Illinois.

This latest book of Doctor Ellingwood's is both helpful to the practitioner and lay reader. It is divided into six chapters followed by a department on Therapeutics and a few pages devoted to treatment. A more extended notice will be given in the January number.

THE PHYSICIAN'S VISITING LIST (Lindsay and Blakiston) for 1913. 62nd year of its publication. P. Blakiston's Sons and Company, Publishers, 1012 Walnut Street, Philadelphia.

This is certainly a complete and convenient Visiting List, with calendar for 1913 and 1914; a new complete table for calculating the period of Utero-gestation; dose tables, poisons and antidotes and much other valuable information:

For 62 years this Visiting List has appeared annually. This is evidence of its merit. There is a regular perpetual and monthly edition of this book; the one for 25 patients per day or week costs \$1.25, for 50 patients \$1.50.

You will not be sorry if you send for one.

SECOND ANNUAL REPORT of the State Charities Commission to the Honorable Charles S. Deneen, Governor of Illinois, Springfield, Illinois, Dec. 31st, 1911. Springfield, Illinois, Illinois State Journal Company, State Printers, 1912.

This is an interesting report and shows that some improvement has followed the appointment of the Commission.

Items

Doctor R. A. Gunn died Sunday, December 8th at Bellevue Hospital, after a short illness.

Public Clinics.—Commissioner Drummond has ordered that on and after October 1, 1912, all clinics held in the amphitheatres and operating rooms of the hospitals of the Department of Public Charities shall be open to duly licensed graduates in medicine and to the students in all regularly organized medical schools and colleges.

For the convenience of those desiring to attend the Clinics, the cards of admission have been placed at the Academy of Medicine, 17 West 43rd Street, Manhattan, and the Medical Society of the County of Kings, 1313 Bedford Avenue, Brooklyn, at which institutions they may be obtained on personal application by all regularly registered physicians. Commissioner Drummond has also issued an order to the Superintendents of the several hospitals, directing that each day before 9.30 A. M., an explicit list of Clinics, both medical and surgical, to be held on that day, shall be telephoned to the Academy of Medicine and the Kings County Medical Society, in order that those physicians who wish to attend the Clinics may have timely information as to their precise nature, and select such as are deemed of special educational value to them. A calendar of the Clinics to be held during the month of December will be found on page 1015. A schedule of the Clinics to be held during the present season will shortly be issued in pamphlet form.

Doctor Robert Lincoln Watkins, formerly of Astor Court has removed his office to 138 West 71st Street.

Medical School Needs.—In his annual report for the year ending June 30, 1912, President Nicholas Murray Butler of Columbia University, New York, places the amount of money required to meet the present needs of the university and the general schemes for its development at approximately \$16,000,000. Of this \$6,000,000 is the estimated cost of removing the College of Physicians and Surgeons from its present site, in accordance with the agreement with the Presbyterian Hospital. Concerning this agreement, President Butler, after pointing out that the affiliation so far accomplished has not been accompanied with any of the difficulties feared, says: "It is now clear to hospital managers that the mere cure of the ill and suffering is only one-half of a hospital's business. The other half is to assist in the study of disease and in the better training of those upon whom is to devolve the responsibility for the pre-

vention and cure of disease hereafter." President Butler asks also for \$1,000,000 in order that the university may establish a fitting Institute of Hygiene and Preventive Medicine.

\$100,000.00 would give to the Eclectic Medical College of the City of New York, a building of sufficient size and in a quiet street, so as to overcome the objection to its present location. Get busy.

The Brooklyn Therapeutic Society held a most interesting meeting at the office of Doctor Pearlstien, Tuesday evening, Dec. 10th.

When your patient needs a truss, satisfaction is guaranteed by sending them to The Pomeroy Company.

The Eclectic Medical Society of the City and County of New York will hold its December meeting (annual) at Reisenweber's, in place of the College parlors; a banquet will follow the meeting.

The Norwich Pharmacal Company should be remembered when ordering pills, tablets, or other standardized pharmaceuticals.

The announcement of the unofficial communication received the morning of the 13th was a sad blow to hopeful students. President Boskowitz regretted the necessity for announcing the suspension of the present session, and spoke hopefully of the future.

The Visiting List noticed in our book review makes a very useful holiday gift.

It is announced that after January first, 1914, an applicant for license to practice medicine in the State of Pennsylvania must show that he has served as Interne in a hospital for a period of at least one year after a four years' course in a medical school.

We extend to our readers the compliments of the season—and best wishes for a happy holiday.

Postal Regulations.

In accordance with the provision of section 467½ of the postal laws and regulations the following statement is made for the Eclectic Review.

Editor, Business Manager, Publisher and Owner, George W. Boskowitz, M. D., 242 West 73rd Street, New York City.

This is a scientific publication, there are no bond holders, mortgagees, or other security holders.

(Signed) GEORGE W. BOSKOWITZ, M.D.

(Attest) Henry Brick, Notary Public.



